National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

NL-339 (r. 88/04) c

Canada

THE UNIVERSITY OF ALBERTA

INVESTIGATING CLIENT SATISFACTION WITH FAMILY COUNSELLING SERVICE

BY

CAROLYN ROBINSON-DONNELLY

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF EDUCATION

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING 1989

National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-52892-3

Canada

THE UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: CAROLYN ROBINSON-DONNELLY

TITLE OF THESIS: INVESTIGATING CLIENT SATISFACTION WITH FAMILY COUNSELLING SERVICE

DEGREE: MASTER OF EDUCATION IN COUNSELLING PSYCHOLOGY

YEAR THIS DEGREE GRANTED: 1989

Permission is hereby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

C. Robinson-Donnelly

Permanent Address:

11819 - 145 Avenue

Edmonton, Alberta

Date: April 21/89

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "INVESTIGATING CLIENT SATISFACTION WITH FAMILY COUNSELLING SERVICE" submitted by Carolyn Robinson-Donnelly in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

Gerard M. Kysela
Supervisor

D. W. Young

T. Keating

Date: April 3/89

TO MY HUSBAND, DAN

ABSTRACT

The purpose of this study was to obtain a methodologically sound measure of client satisfaction with family counselling service and to explore possible correlates of satisfaction.

A mailed questionnaire survey, using the 8-item Client Satisfaction Questionnaire, revealed that 79% of respondents were satisfied with service received at a publically funded, non-profit, family counselling agency.

Three variables were correlated to client satisfaction with service: (a) satisfaction with the therapeutic relationship, (b) client rated global change, and (c) satisfaction with treatment of the presenting problem.

Significant, positive relationships were found between satisfaction with service and all three variables. Results also suggested that a number of other variables are likely related to client satisfaction.

Satisfaction with the therapeutic relationship was further explored by correlating it to satisfaction with various therapist behavior variables. Clients reported great satisfaction with all therapist behavior variables and all correlations were significant and positive.

Topics for future investigation were discussed with the intention of stimulating more research in the area of client satisfaction with counselling service.

ACKNOWLEDGEMENTS

First of all, I would like to thank Dr. Gerard Kysela, my thesis supervisor, for providing me with the advice and guidance I needed to successfully complete this project. I appreciated how, in your role as supervisor with the responsibility of guiding me, you were able to leave enough room for me to work independently so that I could feel the end result was truly of my own making.

Thank you, Dr. Don Sawatzky and Dr. Norah Keating, for taking the time to serve on my thesis committee, with all that is involved in doing so.

I would like to thank Mr. John Lewis, Director of the Counselling Program at the Family Service Association of Edmonton, for providing me with the opportunity to carry out this project. I sincerely enjoyed my contact with you and the other staff of FSAE and I hope that in doing this study, I have contributed something useful to your organization.

To all of the people who agreed to participate in this study, I thank you for being so willing to share your personal opinions, thoughts and feelings with me.

Thank you, Dr. Dwight Harley and Phil McKenzie, for helping me with my data analysis and guiding me in my statistical interpretations.

Thank you, Mr. Paul Gagne, Department Head of Business Education at St. Francis Xavier High School, for providing me the means to process my words electronically in the comfort of my home. Your generosity is very much appreciated.

I thank my parents, Elsie and Lawrence Robinson, my sister, Marilyn Noren, the Donnelly family, and all of my friends for their understanding, support and encouragement throughout my graduate program.

Finally, I thank you, Dan, for being my best friend and confidant, as well as my critic. Thank you for making me laugh and for always giving me so much from your heart.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	Introduction To The Study	1
	The Problem	1
	The Purpose	5
	Outline of the Study	6
II.	Review of the Literature	9
	Client Satisfaction	9
	Definition	9
	Conceptual Issues	10
	Measuring Client Satisfaction	12
	Clients and program evaluation	12
	Factorial structure	14
	Methodological Issues	17
	High rates of reported satisfaction	18
	Need for meaningful comparison data	21
	Failure to use standardized scales	22
	Biased sampling	23
	High cost low relevance	26
	Correlates of Client Satisfaction	27
	The Therapeutic Relationship	28
	Significance of the relationship	28
	Investigations of the relationship	31
	Client perceptions studied	34
	Client perceptions influenced	39
	Satisfaction with the relationship	41
	Client Rated Change	41
	Change and program effectiveness	41
	Change and satisfaction	42
	Treatment of the Presenting Problem	47
	Satisfaction and treatment approach	47
	Satisfaction and length of treatment	48
	Satisfaction and termination	48
	Satisfaction with treatment	49

CHAPTER PAGE

Summary of the Research Literature 51
Rationale for the Present Study 54

Satisfaction with Family Counselling 55
The Correlates of Satisfaction 55

Research Questions 57
Definition of Terms 59

Client 59
Client Satisfaction 59

III. Methodology of the Study 60

The Sample 60
Procedures 60

Data Collection 60
Independent Variable 61

Instruments 62

Client Satisfaction Questionnaire-8 62
FSAE Questionnaire 66

Part I 67
Part II 69
Part III 70

IV. Results 71

Response Rate 71
Description of Respondents 71

Treatment Variables 71
Demographic Characteristics 72

Sex of respondents 73
Age of respondents 73
Marital status of respondents 74
Family status of respondents 75
Children of respondents 76
Education of respondents 76
Family income for respondents 77
Income source for respondents 78

Client Satisfaction with Service 80

Respondents 80
Nonresponders Interviewed 85

CHAPTER PAGE

Summary of Frequency Statistics 88

The Therapeutic Relationship 88
Client Rated Change 89
Treatment of the Presenting Problem 91

The Correlates of Satisfaction 92

Pearson Correlations 92
Cross-tabulations 95

The therapeutic relationship 95
Client rated change 97
Treatment of the presenting problem .. 99

Exploring the Therapeutic Relationship 101

Satisfaction with Therapist Behaviors 101
Correlates of Relationship Satisfaction ..103

Pearson correlations 103
Cross-tabulations 106

V, Discussion of Results 114

Satisfaction with Service 114
The Correlates Studied 122

The Therapeutic Relationship 122
Client Rated Change 125
Treatment of the Problem 128
Summary of Relationships 129

The Therapeutic Relationship 130
Conclusion 132

References 133

APPENDIX A. Description of FSAE 142
APPENDIX B. Cover Letter Used in Client Survey 149
APPENDIX C. Client Satisfaction Questionnaire-8 150
APPENDIX D. FSAE Questionnaire 151
APPENDIX E. Cross-tabulations for the Correlates of Satisfaction with Service 156
APPENDIX F. Cross-tabulations for the Correlates of Relationship Satisfaction 159

LIST OF TABLES

Table	Description	Page
I	Age of Respondents Compared to Age of Population Served	74
II	Marital Status of Respondents Compared to Marital Status of Population Served	75
III	Respondent Education Level and Comparison Figures	77
IV	Annual Gross Family Income for Respondents	78
V	Income Source for Respondents and Comparison Figures	79
VI	Summary Statistics for CSQ-8 Results	80
VII	Client Satisfaction with Service by Category	81
VIII	CSQ-8 Results Compared to Previous FSAE Studies	82
IX	CSQ-8 Results for Responders and Nonresponders Interviewed	87
X	Summary of Responses to Satisfaction with the Therapeutic Relationship	89
XI	Summary of Client Change Scores	90
XII	Summary of Responses to Satisfaction with Treatment of the Presenting Problem	92
XIII	Pearson Correlates of Satisfaction with Service	93
XIV	Summary of Frequency Data on Client Satisfaction with Various Therapist Behaviors	102
XV	Pearson Correlates of Satisfaction with the Therapeutic Relationship	103

CHAPTER I

Introduction To The Study

The Problem

In recent years, counselling program directors and administrators have increasingly been interested in collecting data regarding client satisfaction with counselling services in an attempt to (a) evaluate program effectiveness, (b) be accountable to funding sources, and (c) provide a basis for making decisions regarding program improvement and/or expansion.

Unfortunately, results of client satisfaction studies are often misinterpreted and/or viewed with little regard for possible limitations. Subsequently, findings are misused by agency personnel and/or misrepresented to the public. There seem to be at least two major reasons for this.

First, most client satisfaction studies conducted in counselling service centers are methodologically unsound and the reliability and validity of findings must be questioned. Major problems include (a) failure to use standardized measures of client satisfaction, (b) low response rates and biased sampling, and (c) lack of comparison data. These methodological difficulties render client satisfaction data meaningless.

In large part, this problem seems due to the fact that client satisfaction surveys are usually conducted by interagency personnel who do not have the time, resources, or knowledge and expertise to conduct a methodologically sound study. These agency investigators tend not to access the research literature on client satisfaction to improve their research practices and/or to qualify their findings.

Additionally, since many agencies do not have written policies which serve to standardize methods, procedures and instruments used in surveying clients across time, agency investigators do not have program specific comparison data. Rough comparisons might be made with data collected at different time points using different measures or procedures but the accuracy with which any conclusions can be drawn is minimal at best. For instance, it would be difficult to decide whether increases or decreases in client satisfaction were due to program manipulations or variations in measurement over time.

It might seem that if agencies have little comparison data of their own, client satisfaction investigators could turn to the research literature on client satisfaction to find sound comparison data. However, many writers have criticized the poor quality research which bharacterizes much of this literature. With a few recent exceptions, most reported studies of client satisfaction are agency initiated and suffer the methodological limitations noted above.

Although several agencies have been willing to report the results of their client satisfaction studies (probably because results almost always look favorable) and data have accumulated, methodologically sound data comparison bases are not yet established in the literature.

To complicate this particular issue further, because client satisfaction surveys have been conducted over a wide range of program types, few studies exist with regard to any one, specific type of counselling program. Client satisfaction data associated with significantly different counselling programs must often be considered together. For example, in examining client satisfaction with family counselling, studies of client satisfaction with individual psychotherapy might also, of necessity, need to be considered in the interpretation of results.

Thus, acceptable interpretations of client satisfaction data using program specific data comparisons are difficult to make even when the literature on client satisfaction is consulted. Without accurate comparison data, levels of reported satisfaction are often viewed at face value and erroneous conclusions are more likely to be drawn. This is especially so since, as will be discussed later, levels of client satisfaction are typically quite high.

Efforts to improve the methodological quality of client satisfaction studies are needed and program specific client satisfaction data bases must be developed if the

misinterpretation, misuse and misrepresentation of client satisfaction data is to be curtailed.

In addition to the methodological concerns noted above, a second major reason why program directors, administrators and evaluators often interprete client satisfaction data incorrectly is that there is very little theoretical research on client satisfaction with counselling service. Program evaluators are, therefore, left with little guidance in deciding what their data means.

To use a metaphor, the cart has been placed in front of the horse. Program evaluators are measuring client satisfaction and utilizing information gathered from client satisfaction surveys for various purposes without fully understanding what is client satisfaction.

Lebow (1983a) conducted an extensive review of the client satisfaction literature and concluded that "most satisfaction research to date has served a simple monitoring function, focused upon assessing satisfaction within facilities ... " (p. 228). Thus, it appears there is a need for theoretical client satisfaction research.

Research suggests that several variables could be related to client satisfaction with counselling service but, little research has investigated this.

In order to prevent widespread misuse and/or misrepresentation of client satisfaction data, program directors, administrators and evaluators must have access to

quality research providing a theoretical basis for data interpretation. Exploration of the possible correlates of client satisfaction would be most helpful in this regard.

The Purpose

The present study was undertaken for two major reasons. First, a methodologically sound measure of client satisfaction with family counselling service was sought for the ultimate purpose of developing program specific norms in the client satisfaction literature. Second, research was aimed at understanding the relationship of three variables to client satisfaction with family counselling service. Following is a detailed discussion of the two purposes of this study.

Clients who had recently been involved with the Family Service Association of Edmonton's (FSAE) family counselling program were surveyed to determine whether they felt satisfied or dissatisfied with the service they received. FSAE is a publically funded agency which offers professional counselling to couples and families in the Edmonton area. A detailed description of this agency appears in Appendix A.

To avoid the methodological problems inherent in many previous studies of client satisfaction, a standardized measure of client satisfaction was used. Action was taken to improve response rate and non-responders were interviewed for possible bias. Additionally, the literature was

reviewed for preliminary program specific client satisfaction norms against which data from this study could be compared. The limitations of such norms were acknowledged and data interpretations were made cautiously.

Variables thought to be related to client satisfaction with service included (a) client satisfaction with the therapeutic relationship, (b) client rating of global change, and (c) client satisfaction with treatment of the presenting problem. These variables were selected on the basis of information obtained in a review of research literature.

The association between client satisfaction with the therapeutic relationship and client satisfaction with various therapist behaviors was also explored. This was done in an attempt to begin to understand what variables might be related to differences in client perceptions of the therapeutic relationship.

Outline of the Study

An extensive review of the client satisfaction research literature is presented in Chapter Two. This review first examines the definition and conceptualization of client satisfaction.

Issues related to the measurement of client satisfaction with service are then discussed. The recent trend toward involving the client in program evaluation is

noted along with reasons for including clients in the evaluation process. The importance of measuring client satisfaction with service is made clear. Research on the factorial structure of client satisfaction is reviewed and implications for devising satisfaction questionnaires are pointed out.

Following this is a detailed discussion of the methodological issues associated with conducting client satisfaction studies.

Next, the significance of the therapeutic relationship is discussed from various theoretical perspectives and investigations into this relationship are noted. Attention is given to studies exploring client perception of the therapeutic relationship. Studies specifically investigating client satisfaction with the therapeutic relationship were not found in the research literature review conducted for this study.

While a great deal of research examines client reported change and counselling program efficacy, a discussion of this massive body of research is not provided in this study. Excellent reviews of this research are available elsewhere. For present purposes, only studies specifically investigating client reports of change in relation to client satisfaction with service are noted.

Research exploring client satisfaction with treatment of the presenting problem proved most difficult to find in

the research literature reviewed for this study. Some studies were found relating client satisfaction with service to treatment approach, length of treatment and manner of termination. However, only one study of specific relevance to client satisfaction with treatment of the presenting problem is discussed.

A summary of the literature review is then presented. Following this summary, a rationale for the study is given along with an outline of research questions. Major terms used in this study are defined.

In Chapter Three the methodology of the present study is presented. A description of subjects involved, procedures followed and instruments used to measure client satisfaction is given.

In Chapter Four, results of the study are presented and discussed briefly.

Chapter Five presents a final discussion of results and the limitations of the study are noted. Areas for future research are outlined.

References and appendixes follow Chapter Five.

CHAPTER II

Review of the Literature

Client Satisfaction

Recall that the first purpose of this study was to obtain a methodologically sound measure of client satisfaction with family counselling service. In order to do this, it seems important to first consider what is client satisfaction, if it is of any value to measure, how should it be measured, and what methodological difficulties should be avoided in studying it? The research literature was turned to in an attempt to answer these questions.

Definition

Lebow (1983a) points out that the term "client satisfaction" is often used to "denote a method of data collection, the post-treatment patient survey, rather than any specific content" (p. 212). Client satisfaction studies usually involve the measuring of client feelings about service following termination of treatment, although content of such surveys varies widely.

In keeping with this trend, Lebow (1983a) states his definition of client satisfaction as an inquiry into "the extent to which services gratify the client's wants, wishes, or desires for treatment" (p. 212). Lebow (1983a) maintains that post-treatment surveying of client feelings about the

"adequacy of treatment" and/or the "surrounding milieu" (p. 212) constitute an investigation of client satisfaction.

Lebow (1983a) also points out that some measures have been found to be highly correlated with self-reported satisfaction with service so that these measures can be considered indices of satisfaction. Such related measures include global indices of change; inquiries into what was found helpful and unhelpful in treatment; descriptions of the client's response to his/her therapist; questionnaires designed to obtain suggestions for improving service and, records of complaints or praise for treatment.

Conceptual Issues

Ware (1981) states that it is wrong to equate all information derived from client satisfaction surveys with client satisfaction. Although Ware (1981) refers mainly to patient satisfaction with medical care, Lebow (1983b) maintains that studies of patient satisfaction with medical care share many similarities to those done in the area of mental health. Ware (1981) contends that client reports about care providers and care given are more factual and objective, while client satisfaction ratings are very subjective. Satisfaction ratings are seen as a personal evaluation of care provided that cannot be known by objective observations of that care. Ware, Snyder, Wright and Davies (1983) state the following:

> Although satisfaction ratings are sometimes criticized because they do not correspond perfectly with objective reality or with the perceptions of providers or administrators of care, this is their unique strength. They bring new information to the satisfaction equation. We believe that differences in satisfaction mirror the realities of care to a substantial extent; these differences also reflect personal preferences as well as expectations. (p. 247)

Ware et al. (1983) are thus pointing out that client satisfaction ratings are both a measure of care provided and a measure of the person providing the rating. Viewing client satisfaction ratings in this light has important implications. If dissatisfaction is reported, should the service provided be changed or should the client be changed, in terms of his or her expectations, preferences, beliefs, and standards, in order to improve satisfaction ratings? More research is needed to determine the relative impact of actual service provided and various characteristics of the rater on satisfaction ratings. What little research has been done in this area pertains to medical health care and findings suggest that the former is more important than the latter in determining client satisfaction ratings, although the latter is "part of the message" (Ware et al., 1983, p. 248).

Measuring Client Satisfaction

Two main topics are discussed in relation to measuring client satisfaction. These are: (a) the importance of measuring client satisfaction in program evaluation, and (b) the factorial structure of client satisfaction and implications for questionnaire design.

Clients and program evaluation.

With reference to family service programs, Fahs Beck and Jones (1980) ask, "How does one evaluate an intangible and highly individualized service whose goals differ with every case?" (p. 1). Zusman and Slawson (1972) note that "only recently has the idea become accepted that views of patients, as consumers of care, are of importance in planning and evaluating..." (p. 692).

Larsen et al. (1979) state that, until recently, clients' participation in the evaluative process has been minimal. Even when included in this process, clients are traditionally the ones evaluated rather than the ones evaluating. That is, client ratings of their change in functioning might be used in program evaluation yet, these ratings "do not constitute direct evaluation, by the clients, of the program from which they receive services" (p. 197).

There are several reasons for involving the client in program evaluation via client satisfaction surveys.

Usually, client satisfaction surveys provide the only opportunity for clients to express their opinions regarding the service they received. Larsen et al. (1979) believe that if client perspectives are disregarded, then the evaluation of service provided is incomplete and biased towards the provider's perspective.

Additionally these authors state that non-profit, publically funded organizations have virtually no financial incentive to satisfy consumers of their service. If a client leaves the service dissatisfied, monetary penalty is rarely incurred. Thus, failing to obtain client evaluations of service leaves the determination of service quality, adequacy and appropriateness entirely in the hands of service providers and administrators. This situation may in turn lead to the provision of too little service and/or service of poor quality (Marvit and Beck, as cited in Larsen et al., 1979).

Ware and Davies (1983) maintain that results from consumer satisfaction surveys are useful in predicting how clients will behave in the future. Specifically, these authors hypothesize three kinds of client behavior which may be affected by client satisfaction or dissatisfaction: (a) care/treatment seeking or, client-initiated treatment behavior (such as number of appointments); (b) adherence behavior or, whether clients do what they are supposed to do while in treatment; and (c) reactive behavior or, actions

initiated by consumers with the intent of expressing satisfaction or dissatisfaction (such as making recommendations, registering complaints or filing lawsuits).

Thus it seems that counselling program directors, administrators and evaluators have good reason to measure client satisfaction and are, in fact, innovative for wanting to do so. The question is, "How should client satisfaction be measured?"

Factorial structure.

An important issue related to the measurement of client satisfaction is whether satisfaction is unidimensional or multidimensional. Lebow (1983a) states that some of the better methodological studies in the area of client satisfaction have been done in this area but, results are inconsistent.

Some argue for the multidimensional nature of satisfaction, stating that clients develop distinct attitudes towards various aspects of service and service providers. In his review of the literature, Lebow (1983a) found nine factor-analytic studies concluding that satisfaction is multidimensional.

For example, Brown (1979, as cited in Lebow, 1983a) identified seven factors related to client satisfaction, including: satisfaction with (a) the therapist, (b) the

outcome, (c) clinic service, (d) felt importance, (e) access, (f) confidentiality, and (g) therapist intent.

Love, Caid and Davis (1979) also found seven factors related to client satisfaction. These were: satisfaction with (a) overall care, (b) staff responsiveness, (c) staff behavior and skill, (d) center accountability, (e) meeting needs, (f) medicines, and (g) access.

Essex, Fox and Groom (1981) found four factors: (a) satisfaction with services, (b) acceptability of the clinician, (c) impact of services (outcome), and (d) dignity of treatment.

Slater, Linn and Harris (1981, 1982) also found four factors: (a) general satisfaction, (b) satisfaction with the therapeutic relationship, (c) satisfaction with explanations and preventive care, and (d) satisfaction with access to care.

Murphy (1980, as cited in Lebow, 1983a) found three factors: satisfaction with (a) improvement, (b) advice given, and (c) the therapeutic relationship.

Given the differences in measures, samples and methods across studies, there are striking similarities in these results. Ware et al. (1983) developed a taxonomy of the dimensions of client satisfaction as follows: interpersonal manner, technical quality, finances, accessibility/convenience, efficacy/outcomes, physical environment and availability.

In contrast to the above, some researchers have found satisfaction to be a unidimensional construct. For example, Larsen, Attkisson, Hargreaves and Nguyen (1979) found one factor accounted for 43% of the total variance and 75% of the common variance in a 31-item version of the Client Satisfaction Questionnaire. They called this factor general satisfaction.

Other studies report high inter-item correlations with client satisfaction questionnaires (Frank, Salzman and Fergus, 1977; LeVois, Nguyen and Attkisson, 1981; Silverman and Beech, 1979).

Lebow (1983a) points out that in some studies concluding satisfaction is multidimensional, large initial factors are found accounting for much of the total variance (eg. Brown, 1979; Love et al., 1979). This provides further support for a unidimensional view of client satisfaction.

Differences in studies examining the factorial nature of satisfaction could be due variations in client sample, method of data collection and/or method of factor analysis (Lebow, 1983a).

Additional factor analytic research is warranted to clarify the nature of client satisfaction since results have important implications. If client satisfaction is multidimensional, then longer tests measuring specifics of service delivery are preferred. If not, then shorter, global tests could be used. Of greater importance, if

satisfaction is multidimensional, then client satisfaction data are likely to be more useful in generating specific suggestions for improving service (Lebow, 1983a).

At present, there is research to support the utilization of either a short, global measure of client satisfaction or a longer, more specific measure of client satisfaction with various aspects of service delivery. For the purposes of this study, both types of measures were used.

Methodological Issues

There are some serious methodological problems encountered when conducting a client satisfaction study that should be avoided. These methodological difficulties must be considered not only by researchers interested in exploring client satisfaction but, also by program evaluators who intend to use client satisfaction results as an indicator of program effectiveness.

Nguyen, Attkisson and Stegner (1983) draw attention to four methodological problems characterizing most client satisfaction studies. These are (a) high rates of reported satisfaction, (b) lack of meaningful comparison data bases, (c) failure to use a standardized scale, and (d) biased sampling.

Larsen et al. (1979) point out a fifth difficulty, particularly relevant to client satisfaction studies

conducted within a counselling service agency. This problem is the high cost and low relevance of satisfaction data for program management. Each of these problems is now examined in detail.

High rates of reported satisfaction.

A recurrent finding is that service recipients usually report satisfaction. Lebow (1983a) reviewed 34 studies investigating frequency of satisfied clients in outpatient mental health centers and found 3 studies having overall satisfaction between 91% and 100%, 13 between 81% and 90%, 9 between 71% and 80%, 7 between 61% and 70%, and 2 between 41% and 60%. Expressed another way, a mean of 78.3% of clients expressed satisfaction in the outpatient studies reviewed. These results indicate that levels of reported satisfaction are generally quite high.

However, Lebow (1983a) states that the level of reported satisfaction is only slightly higher than the norm for success in outcome research in psychotherapy. In the studies reviewed, approximately three out of four clients reported being satisfied, which is only slightly greater than improvement rates of two out of three clients in most efficacy studies (Gurman and Kniskern, 1978).

Lebow (1983a) also found that "mean scores on satisfaction scales do not approximate the maximum potential score" (p. 217). That is, when response choices are

extended beyond the satisfied/dissatisfied dichotomy, an average of only 49% of respondents report being highly satisfied.

Additionally, most studies reviewed by Lebow (1983a) did show a small number of clients (less than 10%) to be dissatisfied with the service they received. Thus, it does not appear true that client surveys result in unanimous levels of reported satisfaction. Lebow (1983a) concludes his review by stating that dissatisfaction is clearly a problem when expressed by more than 10% of respondents.

From a researcher's point of view, high rates of reported satisfaction could mean that subjects are susceptible to demand characteristics (Orne, 1969) and/or the instrument used in client satisfaction studies is not sensitive to client dissatisfaction (Gutek, 1978). However, for reasons cited above, it does not seem appropriate to discard client satisfaction data as meaningless. Several researchers have defended the value of this kind of data (e.g. Gutek, 1978; Larsen et al., 1979; Lebow, 1983a). Lebow (1983a) merely states that "results should be regarded as subject to some degree of error" (p. 217). The suggestion is that all data contains error variance and client satisfaction data should not be viewed as unique in this respect.

Since reported satisfaction is high, even though not unanimous, caution must be exercised in using client

satisfaction data in program evaluation. Justice and McBee (1978) warn that "expressions of client satisfaction do not necessarily reflect efficiency or effectiveness of agency programs" (p. 252). They believe that clients have a tendency to express positive opinions for fear that criticism might have negative repercussions on services they may wish to obtain in the future. It is also possible that clients find it hard to be critical in the face of caring. Justice and McBee (1978) conclude that consumer surveys are a necessary component of service evaluation in that they may help to pinpoint areas of client dissatisfaction. However, these authors state that the evaluation of services should include "not only client satisfaction surveys but also other investigations of agency efficiency and effectiveness" (p. 252).

It appears that client satisfaction surveys, while necessary, should not alone be expected to provide critical information for the evaluation of services.

Additionally, client survey results should be interpreted in relation to findings from other studies of the same program and/or similar programs. Nguyen et al. (1983) state that, because reported levels of satisfaction are generally high, the "level of satisfaction in absolute terms, and in isolation from other data, is meaningless" (p. 300).

Need for meaningful comparison data.

The need for meaningful comparison data bases is particularly relevant to the use of client satisfaction data in program evaluation.

Lehman and Zastowny (1983) emphasize the need for "meaningful guidelines to assist clinicians and program evaluators in interpreting the typically high levels of satisfaction expressed by their patients" (p. 265). These authors conducted a meta-analysis of the existing quantitative data in the literature on client satisfaction with mental health services in order to establish preliminary norm estimates against which to compare specific programs. Data pooled from several studies, none of which alone provides an adequate comparison but when pooled provides normative information. Lehman and Zastowny (1983) conclude that program-specific norms best serve as interpretive guidelines and, their meta-analytic study provides preliminary, program-specific norm estimates which can be used by evaluators who lack their own comparative data. In the discussion of results to follow later, norm estimates for outpatient, non-chronic, conventional treatment programs are referred to in an attempt to avoid viewing survey results in isolation.

Failure to use standardized scales.

A unique feature of much of the research done on client satisfaction with services is the tendancy for investigators to develop their own questionnaires or modify existing questionnaires with little regard for how these modifications alter the psychometric properties of the questionnaire. Often, these inventions or modifications are carried out solely on the basis of face validity (Nguyen et al., 1983).

Given that there are few widely used measures of client satisfaction, the limitations of the above mentioned norm estimates become apparent. Some have argued it is not possible to make valid comparisons between programs using different instruments, different data collection methods and/or different data analyses and, that data from studies that vary in these things should not be pooled (Nguyen et al., 1983). Lehman and Zastowny (1983) acknowledge the limitations of their meta-analysis to establish norms but argue that even crude comparisons are better than none at all. Otherwise, they state, client satisfaction data would be of no value other than "to cast a positive glow upon most programs" (p.265).

Within a program, the lack of standardized measurement precludes the comparison of different time periods, different groups of clients or different program components (Nguyen et al., 1983). In developing their own comparative

data bases, it is important for agencies conducting client satisfaction studies to use standardized instruments and procedures over time.

Biased sampling.

Client satisfaction surveys typically result in very low response rates and, it is thought that satisfied clients are more likely to return questionnaires than are dissatisfied clients (Nguyen et al., 1983). Lebow (1983a) reviewed 49 consumer satisfaction studies reporting a response rate and found the overall average rate of responding was 57%. However, he also notes that this statistic is somewhat deceptive since there was considerable variability in rate of responding across studies. Lebow (1983a) found this variability was closely related to manner of data collection. Lowest rates of responding were found with mailed questionnaires, the average rate for this method being 40%. Nguyen et al. (1983) also suggest that the response rate for mailed questionnaires is quite low, "often below 35%" (p. 300).

Lebow (1983a) found highest response rates were reported when interviews or questionnaires were presented in conjunction with treatment. Although the average rate of responding using this method was 82%, it is also the most costly and reactive means of data collection. Favorability of response is said to increase by about 10% when clients

are orally administered a questionnaire (LeVois et al., 1981).

Lebow (1983a) also found that phone contact with subjects increased the average reported response rate for mailed questionnaires to 55%. Borg and Gall (1983) suggest numerous ways to improve response rate of mailed questionnaires, one being to contact subjects by phone before questionnaires are sent to request their participation. This suggestion appears congruent with Lebow's (1983a) findings.

Borg and Gall (1983) also discuss the use of follow-up techniques to increase response rates. In their review of 98 experimental studies (not specific to client satisfaction) using different numbers of follow-ups with mailed questionnaires, average response rate was 48.1% with no follow-up, 68% with one follow-up, 79.9% with two follow-ups, and 89.9% with three follow-ups. No significant increases were found with more than three follow-ups. However, employing extensive follow-up procedures greatly increases reactivity (Lebow, 1983a).

After responses are obtained, the arising question is, "How would the results have been changed if all subjects had returned their questionnaire?" Borg and Gall (1983) point out that if only a small percentage of subjects have failed to respond, this question is not critical. However, they maintain that if more than 20% of subjects have failed to

respond, it is very likely that findings of the study would be altered significantly if the nonresponders had returned their questionnaires and had answered in a markedly different manner from the responding group. Then, it becomes important to check a portion of the nonresponding group for possible bias.

Borg and Gall (1983) suggest a small number of cases be randomly selected from the nonresponding group and interviewed. Then, comparisons can be made between this sample of nonresponders and the responding subjects. If nonresponding subjects answer questions in about the same manner as responding subjects, then more confidence can be placed in the results of the study, since it would seem more likely that the responding group is an unbiased sample.

Lebow (1983a) states that a large body of findings suggest differences exist between respondents and nonrespondents in consumer satisfaction surveys. They argue for a conservative stance in which differences between responders and nonresponders should be presumed until the comparability of these groups is demonstrated. Virtually no demographic differences have been found between responders and nonresponders but, outpatients who respond more frequently to consumer surveys have been found to have the following characteristics: (a) mutual terminations, (b) longer treatments, (c) better rated outcomes, (d) higher fees, and (e) better ratings as patients by therapists.

Additionally, clients who respond immediately are more satisfied than those responding to subsequent contacts.

Nguyen et al. (1983) state that it is virtually impossible to rule out completely the inherent biases in client satisfaction research. With respect to client satisfaction surveys and program evaluation, they maintain that for comparisons over time and within the same program, "any consistent sampling scheme is probably satisfactory, since the extent of bias can be assumed to be constant across data collections" (p. 300).

High cost low relevance.

Program administrators may be far less concerned with methodological considerations than with practical ones in planning for client satisfaction studies. There may be a lack of funds and/or human resources to complete a sophisticated or highly complex study. Simple and inexpensive methods for conducting client satisfaction studies are desirable, yet, results must be useful in program planning and decision making. How can these requirements be fulfilled simultaneously? Larsen et al. (1979) resolve this problem by suggesting that:

> Standard satisfaction items can be supplemented by specially designed items addressing issues of particular local interest. It is also useful to solicit qualitative comments to supplement scaled

items. In this way it will be possible to achieve useful assessments of client satisfaction that are simple and inexpensive. (p. 199)

Larsen et al. (1979) identify several ways to enhance the usefulness of client satisfaction data including, (a) identifying subgroups of dissatisfied clients, (b) identifying aspects of the service delivery system with which clients are dissatisfied, (c) identifying relative satisfaction of similar clients in alternate service modalities, (d) monitoring client satisfaction over time, (e) relating satisfaction to expectations, and (f) exploring behavioral indices of satisfaction.

In the present study, the methodological issues outlined above served as a guide in obtaining a methodologically sound measure of client satisfaction with family counselling service and subsequently interpreting it.

Correlates of Client Satisfaction

Recall that the second purpose of this study was to explore the relationships of three variables to client satisfaction with service. The research literature was reviewed to discover how each of these variables has been studied in the past and what is known about their relationship to client satisfaction.

The Therapeutic Relationship

Very few investigations of the therapeutic relationship exist in the research literature. In selecting this variable for the purpose of this study, it first seemed necessary to ascertain the importance of the therapeutic relationship to therapy, and specifically, to family therapy.

Significance of the relationship.

While there are several theories and approaches to the practice of individual psychotherapy, most theorists and practitioners, regardless of orientation, emphasize the importance of the therapeutic relationship to therapy.

For instance, social-psychologists would argue that the therapeutic relationship mediates the therapist's attractiveness to the client, thereby increasing the therapist's ability to influence the client toward therapeutic goals (Goldstein, 1973).

Alternatively, behavioral or social learning theorists and practitioners acknowledge the importance of the therapist-client relationship when they emphasize the therapist's role of modeling and reinforcing new client behavior (Wilson and Evans, 1977).

Additionally, psychoanalytically oriented persons view the therapist-client relationship and the resolution of

neurotic distortions of that relationship as central to psychotherapy (Fromm-Reichman, 1960; Sullivan, 1961).

Rogers (1957) is perhaps the most extreme in his position regarding the importance of the therapist-client relationship, stating that the therapeutic conditions of empathy, genuineness and warmth are sufficient for effective psychotherapy. While much research has now made it clear that these three factors are rarely sufficient for client change (Mitchell, Bozarth, and Krauft, 1977), it seems they are important preconditions for therapeutic change.

How important is the therapist-client relationship in family therapy? Here, the term client could represent one member of a family, the family as a whole, or a subsystem of the family (eg. husband-wife, parent-child, brother-sister). Once again, although various theoretical positions can be taken by family therapists, the importance of the therapist-client relationship is usually acknowledged, albeit in quite different ways.

For instance, systemic family therapists see the family as a system that is constantly evolving and the role of the therapist is to join the system in order to introduce new information into that system. In this way, the family's old epistemology is altered to be more in line with current ways of behaving and problems are resolved (Palazzoli, Boscolo, Cecchin and Prata, 1978).

Structural family therapists believe that family members' behavior (including problematic behavior) is maintained by the structure of the family system and, more specifically, by the hierarchical arrangement of family members. To unbalance the system and produce change, the therapist might closely affiliate with a peripheral family member, or someone in the family who has very little power, encouraging this person to challenge his or her position in the family. The therapist could also affiliate with a dominant family member to elicit challenging responses from other family members (Minuchin and Fishman, 1981).

Strategic family therapists probably emphasize the therapist-client relationship the least, although even they recognize the importance of learning to speak the client's language to expedite treatment (Watzlawick, Weakland and Fisch, 1974). That is, strategic interventions (i.e. directives intended to disrupt a recursive pattern of family interaction) are usually formulated using the client's values, beliefs, committments and views. In this way, therapist generated directives become more acceptable to the client and are more likely to be carried out. Certainly, some degree of relationship to the client would seem necessary in order for the therapist to discover and use the client's language.

In sum, the therapeutic relationship is significant in all types of therapy, including family therapy. Given this

significance, it is surprising that therapist-client interactions have not been thoroughly researched. However, some initial investigations of this relationship have been carried out and are now discussed.

Investigations of the relationship.

Most research concerning the therapist-client relationship has examined the connection between treatment outcome and level of therapist empathy, genuineness and warmth (Gurman, 1977). While proponents of client-centered theory are primarily responsible for this research, writers have argued for the salience and relevance of empathy, genuineness and warmth in most, if not all, psychotherapy (Truax and Carkhuff, 1967).

However, more recent evidence suggests there is no necessary relationship between therapeutic outcome and level of therapist empathy, genuineness and warmth (Mitchell et al., 1977). It is possible that outside a client-centered setting, when therapy is conducted by therapists of a different theoretical persuasion, the measurement of these therapeutic qualities and the nature of their definition and operationalization are irrelevant (Bergin and Jasper, 1969). Even if considered an important precondition to any style of psychotherapy, it is possible that these three therapeutic conditions are often displayed in ways very different from

the client-centered models of therapist behavior explicated in scales used for their rating.

Developing various scales to measure therapist empathy, genuineness and warmth that would be applicable and meaningful for therapists not of the client-centered persuasion would seem to be a valuable contribution to the resolution of the problem as described above. However, there is a more fundamental difficulty with much of the research conducted regarding the therapeutic conditions necessary for positive treatment outcome.

This second problem centers around the fact that most investigations into the therapeutic conditions related to treatment outcome have used trained judges' ratings of audiotaped therapeutic interactions (Gurman, 1977). The client's perception of the therapeutic relationship has received almost negligible attention in the literature.

For the most part, this seems due to widespread opinions that clients, because of their clienthood status, are unable to perceive interpersonal relationships accurately, especially intimate ones (Gurman, 1977). Thus, clients are expected to distort their perception of their therapist and, client assessments of the therapeutic relationship are thought to be poor indications of how facilitative a therapist actually is.

Gurman (1977) believes the basis for this widespread opinion among researchers in the area stems from the

writings of Truax and Carkhuff (1967). Actually, these writers propose that the usefulness of client ratings depends on the severity of the client's psychological disturbance, with more severely disturbed clientele providing less reliable ratings. Yet, most researchers who have investigated the therapeutic conditions related to treatment outcome seem to have ignored this differential hypothesis and proceeded in their exploration using nonparticipant evaluations of the therapeutic relationship (Gurman, 1977).

Regarding investigations into the relationship between therapeutic conditions and positive treatment outcome, how is the failure to use client perceptions of the therapeutic relationship problematic? Rogers (1957) himself states that it is not the mere presence of empathy, genuineness and warmth that is sufficient for positive therapeutic change but, that these three qualities must be communicated to the client and the client must perceive them for change to occur. Studies failing to examine client perceptions of the therapist, therefore, are theoretically misguided.

Thus, the style the therapist uses to communicate empathy, genuineness and warmth, based on his or her theoretical orientation, may not be as important to treatment outcome as how the client perceives these therapist qualities. Client perceptions of the therapeutic

relationship should be explored further, particularly in relation to treatment outcome.

Client perceptions studied.

Although most research investigating therapeutic conditions in relation to treatment outcome disregards the client's perspective, some research exists in contrast to this norm.

The majority of these studies make use of the Barrett-Lennard Relationship Inventory (1962) to assess client perception of the therapeutic relationship. Barrett-Lennard (1962) notes that:

> Although it is not supposed that a client's conscious perceptions would represent with complete accuracy the way he experiences his therapist, it would seem that his own report, given under suitable conditions, would be the most direct and reliable evidence we could get of his actual experience. (p. 2)

Gurman (1977) reviews studies examining the construction, reliability and factor structure of the Barrett-Lennard Relationship Inventory (1962) and concludes that the measure shows content validity and demonstrates good split-half and test-retest reliability. Additionally, Gurman (1977) states that the instrument's individual scales (i.e. empathic understanding, level of regard,

unconditionality of regard, and congruence) are "consistently measuring different dimensions of the [client's] perceptions of the therapeutic relationship" (p. 511). Gurman (1977) further concludes that "Barrett-Lennard's (1962) stress on the two distinct aspects of regard (i.e. the level of regard and the unconditionality of regard) appears to be justified in light of the ...[factor analytic]... studies reviewed..." (p. 513).

What has research using the Barrett-Lennard Relationship Inventory (1962) found regarding client perceptions of the therapeutic relationship?

In light of the studies investigating the therapist-client relationship through use of nonparticipant judges' ratings, it is interesting to take note of research relating judges' ratings to client perceptions of the therapeutic relationship. Gurman (1977) reviewed studies with this focus and concluded:

> There is inconsistent yet largely nonconfirmatory evidence of the hypothesized positive relationship between ratings of the therapeutic relationship by [clients] and trained judges ...[and]... perceptions of therapeutic conditions from these two vantage points seem to be measuring related but importantly different therapist variables. (p. 518)

Gurman (1977) also reviewed several studies investigating whether clients and therapists agree in their assessment of the therapeutic relationship. Findings strongly indicate there is very little agreement. Therapists tend to rate themselves more positively than do their clients on the variables measured by the Barrett-Lennard Relationship Inventory (1962). Gurman (1977) states:

> This lack of perceptual correspondence between [clients] and therapists is present under both actual therapy conditions and analogue conditions, and does not appear to be influenced by the severity of [clients'] psychological disturbance. (p. 517)

Agreement between client and therapist regarding the therapeutic relationship seems important since it is generally assumed that if therapeutic attitudes are to be successfully communicated to the client, they must first be experienced by the therapist. Perhaps therapists experience these attitudes but have difficulty expressing them to their clients. Alternatively, clients could have difficulty perceiving these attitudes for reasons other than their psychological disturbance (eg. number of prior experiences with a therapist).

Results taken together suggest that client-perceived therapeutic conditions should be seen as qualitatively

different from therapist-perceived therapeutic conditions or judge-perceived therapeutic conditions.

In addition to studies comparing client perceptions of the therapeutic relationship with the perceptions of judges and therapists, there are some studies relating client perceptions of this relationship to therapy outcome.

Studies investigating the relationship between client-perceived therapeutic conditions and treatment outcome for individual therapy suggest there is a strong relationship between the two (see Gurman, 1977, for a review). Thus, it seems that client's who perceive their therapist as empathetic, congruent and demonstrative of positive regard also have favorable treatment outcomes.

Interpretation of these studies must be made cautiously. Causal inferences cannot be made since most research has been correlational.

In a few of the studies reviewed by Gurman (1977), treatment outcome was assessed by the client at the same time the therapeutic relationship was evaluated by the client, leaving open the possibility of confounding measurements. That is, a client who assesses the therapeutic relationship positively is unlikely to report little change as a result of therapy and, a client reporting major therapeutic gains is not likely to criticize the therapeutic relationship.

However, many studies reviewed found significant relationships between client reports of the therapeutic relationship and treatment outcome evaluated in ways excluding the client. Additionally, some studies found a significant positive relationship between different change measures from various rater sources and client perceptions of the therapeutic relationship taken at a time distant from the time of outcome assessment. Thus, concerns about the correlational nature of the studies reviewed by Gurman (1977) can be mitigated to some extent.

However, Gurman (1977) further limits interpretation of studies examining the relationship between client perceived therapeutic conditions and treatment outcome in individual therapy by noting several methodological problems inherent in the research conducted. These include: (a) the use of raw pre-post difference scores that are not corrected for initial level, (b) the failure to measure unique changes occurring in individual clients, (c) the lack of a rationale for the chosen time of measuring client-perceived therapeutic conditions, and (d) the lack of research supporting the use of client perceptions as a predictor of treatment outcome.

Results of studies examining the relationship between client perceived therapeutic conditions and treatment outcome for group therapy sharply contrast the results for individual therapy (Gurman, 1977). Gurman (1977) offers the

explanation that "a group member's perception of the quality of therapeutic conditions offered by the group as a whole may be more salient in mediating therapeutic change than is the member's perception of these conditions in the group therapist alone" (p. 525).

No studies were found in the literature reviewed which investigated the relationship between client-perceived therapeutic conditions and treatment outcome with respect to family therapy.

In sum, research aimed at further understanding the association between client perceptions of the therapeutic relationship and treatment outcome would make a great contribution to the research literature. Nowhere would research like this be more valuable than in the field of family therapy.

Client perceptions influenced.

Although the studies mentioned thus far have been correlational and causal connections cannot be made with certainty, the possibility nonetheless exists that client perceptions of the therapeutic relationship mediate treatment outcome. Given this possibility, it seems appropriate to explore factors that might influence client perceptions of the therapeutic relationship.

Therapist qualities do not seem to be static traits within the therapist, but responses elicited by the nature

of the client-therapist system of relating (Gurman, 1977). Although there is evidence to suggest a therapist's quality of relating can vary with different clients and with the same client across time (Beutler, Johnson, Neville, and Workman, 1973), there has been little attention given to the degree to which client-perceived therapeutic conditions are accounted for by characteristics inherent in the client (Gurman, 1977).

The scanty research that has been done focuses on client personality traits, psychological states and observable social behavior (Gurman, 1977). However, since so few studies exist and no trends are evident, a detailed review of this research seems unnecessary.

One might expect more research correlating therapist characteristics with client-perceived therapeutic conditions but this is not the case (Gurman, 1977). Research in this area is also extremely limited.

Gurman (1977) concludes his review of research investigating the client's perception of the therapeutic relationship by strongly suggesting that "future research must attempt to explicate what it is that the therapist does in the [therapist-client] transaction that communicates his attitudes..." (p. 536).

Satisfaction with the relationship.

It seems clear that despite the importance of the therapeutic relationship to therapy, investigations of this relationship have not been carried out extensively. Specifically, research investigating client perceptions of the therapist-client relationship is limited in breadth and depth. Not only is much of this research quite restricted to client-centered, individual psychotherapy, data on the topic are quite dated. Although many issues are as yet unclarified, the absence of current research dealing with client perceptions of the therapeutic relationship suggests the topic is not currently in vogue.

Given the present state of the research literature, it should not be surprising to anyone to find a lack of research, current or otherwise, specifically investigating client satisfaction with the therapeutic relationship. For the purposes of the present study, this variable was therefore chosen for detailed investigation.

Client Rated Change

Change and program effectiveness.

> Whether the goal is to produce changes in cognitions, beliefs, feelings, behavior, motivations, etc., there can be no doubt that the therapist's business is the more or less deliberate, self-conscious production of change. (Strupp, 1977, p. 4)

If this, then, is the therapist's business, it is not surprising that many have attempted to measure client change for the purposes of evaluating the effectiveness of therapy.

Some research has examined client reports of change and therapeutic efficacy, despite many difficulties with doing so, such as (a) determining the extent to which client reported change is a function of treatment received versus variables extraneous to treatment, and (b) determining the stability of client reported change over time (for reviews of this body of research see, Bergin and Lambert, 1978; Garfield, 1978; Hazelrigg, Cooper, and Borduin, 1987; Orlinsky and Howard, 1978).

For the purposes of this study, it seems most appropriate to limit discussion to research specifically investigating client reports of change in relation to client satisfaction with counselling service.

Change and satisfaction.

A few good studies have appeared in the research literature which investigate client satisfaction with service in relation to client ratings of both global and specific change. Client rated change in problems overall is referred to as client rated global change, whereas client rated change in a specific problem area is referred to as client rated specific change.

Since change is a difficult concept to measure (see Strupp, 1977), firm conclusions cannot be drawn from the results of these studies. Furthermore, research into this topic is limited and results are contradictory. Lebow (1983a) hypothesizes that inconsistencies in findings could be due to the timing of assessment, with change and satisfaction perceived as independent during the initial stages of treatment and dependent following treatment. Another possible reason for contradictory findings is that client rated change is measured in different ways.

In one study of 49 clients from an urban community health center, Larsen et al. (1979) found that client satisfaction with service, as measured by an instrument developed by them (i.e. the Client Satisfaction Questionnaire), was correlated significantly with client global rating of improvement ($r = .53$, $p < .001$). Unfortunately, these authors give no description of the measure clients used to rate their overall improvement.

In this same study, three subscales from the SCL-90 (Derogatis, Lipman and Covi, 1973) were completed by clients at admission and at one month follow-up. These were the Depression, Anger and Anxiety subscales. At follow-up, the Depression and Anger subscales showed a low but significant correlation with satisfaction when the relationship to admission scores was partialled out ($r = .32$, $p < .05$ and r

= .36, $p < .01$, respectively). The Anxiety subscale correlated .15 and was nonsignificant ($p > .05$).

Larsen et al. (1979) conclude that "client-rated therapy gain is correlated with client satisfaction, but apparently less so as the measure becomes more specific... " (p. 203).

Willer and Miller (1978) found similar results. In their study of inpatient clientele, these researchers reported significant correlations of .70 ($p < .05$) for the variables satisfaction and patient rated global change, and .49 ($p < .05$) for the variables satisfaction and patient assessed goal attainment.

One study examined satisfaction with service and treatment goal attainment in a sample of outpatients and results are similar to Willer and Miller (1978). Fiester (1979) investigated satisfaction with service and goal attainment for 438 clients, from a community mental health center, over a two year period and found only a moderate correlation between satisfaction with service and goal attainment ($r = .35$, $p < .001$).

A very recent study contrasts findings which suggest client rated global change is more strongly correlated to satisfaction with service than is client rated specific change. Attkisson and Zwick (1982) correlated client satisfaction, as measured by the Client Satisfaction Questionnaire (Larsen et al., 1979), to five measures of

psychotherapy outcome, including: (a) a client self-report symptom checklist, composed of items from the SCL-90 (Derogatis, Lipman and Covi, 1973; and (b) a single-item rating of overall improvement completed by the client.

Subjects were 45 urban community mental health center clients. Client rating of specific change, as mentioned in (a) above, was computed by subtracting scores at intake from scores at one month follow-up. Thus, a negative change score would indicate improvement on this measure.

Client rated overall improvement, as described in (b) above, was measured at follow-up only. A low score on this measure indicated a high degree of improvement.

Client satisfaction with service was assessed at one month follow-up along with the outcome measures mentioned above. Greater satisfaction is indicated by higher scores on the Client Satisfaction Questionnaire.

Attkisson and Zwick (1982) found a significant negative correlation between client satisfaction and client report of specific change ($r = -.40$, $p < .001$), indicating greater satisfaction with service was associated with greater symptom reduction.

Attkisson and Zwick (1982) did not find a significant correlation between satisfaction with service and concurrent ratings of symptom level ($r = -.07$, $p > .05$), suggesting that satisfaction ratings were not simply the result of greater satisfaction resulting from low symptom levels.

However, the correlation between satisfaction with service and initial symptom checklist score was found to be significant ($r = .34$, $p < .05$), suggesting clients who suffered more symptoms at intake tended to be more satisfied with services provided. Attkisson and Zwick (1982) hypothesized that the correlation between client satisfaction with service and client rating of specific change might be a statistical artifact due to the mutual correlation of these two variables with initial symptom checklist scores. However, further analysis revealed that, with initial symptom checklist score partialled out, the correlation between client satisfaction with service and client rating of specific change remained substantial ($r = -.30$, $p < .05$).

In addition to the findings described above, Attkisson and Zwick (1982) reported a significant correlation between client satisfaction with service and client rated overall improvement ($rs = -.34$, $p < .01$). Thus, greater satisfaction with service was associated with higher degrees of client rated overall improvement.

Interestingly, McPhee, Zusman and Joss (1975) conducted a survey of unpublished research from several community mental health centers and found client reports of satisfaction more frequent than client reports of change. However, Woodward, Santa-Barbara, Levin and Epstein (1978) found, in a study of family therapy, that more clients

reported change than satisfaction. It is not known whether this latter finding is specific to family therapy.

At the present time, it is not known for certain whether client ratings of overall change in problems are more strongly related to client satisfaction with service than are client ratings of change in a specific problem area. Further research is warranted to clarify the relationship between client satisfaction with counselling service and client rated change.

Treatment of the Presenting Problem

In the literature review conducted for this study, the least amount of information was available specifically investigating client satisfaction with treatment of the presenting problem.

Some research exists relating treatment variables, such as treatment approach, length of treatment and manner of termination, to client satisfaction with service (Lebow, 1983a). These studies are briefly reviewed here. Then, discussion of one study found to be relevant to client satisfaction with treatment of the presenting problem follows.

Satisfaction and treatment approach.

A few studies have found client satisfaction with service greatest with simple treatment approaches aimed

directly at problem resolution (Eisenthal and Lazare, 1976; Hart and Bassett, 1975; Johnson, 1976; Strupp, Wallach and Wogan, 1964).

Woodward et al. (1978) investigated satisfaction with service in relation to problem-centered family therapy or brief family therapy. Families presenting a child with academic and/or behavioral problems at school were studied (N = 279). Results show that only 64% of these families were satisfied or very satisfied with service.

Satisfaction and length of treatment.

Results from studies investigating the relationship between client satisfaction with service and length of treatment and/or number of sessions have varied, suggesting no strong relationship.

Some studies have found a significant positive correlation (Frank et al., 1977; Kirchner, 1981, 1982; Willer and Miller, 1978) while others have found no relationship (Larsen et al., 1979; Schiller, 1976). Interestingly, Slater et al. (1981) found that satisfaction decreased as number of sessions increased.

Satisfaction and termination.

Research investigating manner of termination in relation to client satisfaction with service are more consistent. Results indicate that completing treatment and terminating appropriately are associated with greater

satisfaction (Balch, Ireland, McWilliams and Lewis, 1977; Denner and Halprin, 1974a, 1974b; Kirchner and Hogan, 1982; Woodward et al., 1978).

Research exploring client satisfaction with service in relation to various treatment variables has only just begun, as evidenced by the few studies discussed. In these studies, clients provided a rating of satisfaction with service and this rating was related to treatment approach used by therapist, length of treatment and manner of termination.

Unfortunately, direct examinations of client satisfaction with treatment and, more specifically, with client satisfaction in dealing with the presenting problem, are largely absent in the client satisfaction research literature.

Satisfaction with treatment.

Only one study was found exploring client satisfaction with treatment. Edwards, Yarvis, Mueller and Langsley (1978) found significant correlations between client satisfaction with treatment and client rated success of treatment.

Community mental health center clients (N = 117) were asked to rate their satisfaction with treatment on a 7-point scale ranging from extremely dissatisfied (1) to extremely satisfied (7). Clients were also asked to rate success of

treatment on a 5-point scale ranging from not at all successful (1) to a lot of success (5).

Client satisfaction with treatment was found to be significantly related to client rated success of treatment at three time points: (a) at second visit, $r = .37$, (b) at last visit, $r = .64$, and (c) at follow-up, $r = .70$ ($p < .05$).

Thus, a moderate relationship appears to exist between client rated satisfaction with treatment and client rated success of treatment. Edwards et al. (1978) conclude that "satisfaction ratings cannot be used in lieu of success or other treatment outcome ratings" and that "satisfaction assesses a dimension other than success" (p. 190). It appears from this study that client satisfaction with treatment provides a unique type of information about service delivery.

It should be noted that the study just mentioned simply asks clients about their satisfaction with treatment and, there is no specific reference to satisfaction with treatment of the presenting problem.

In sum, client satisfaction with treatment and, specifically, client satisfaction with treatment of the presenting problem, is an area in need of further research. Additionally, the relationship between client satisfaction with treatment of the presenting problem and client satisfaction with service could be explored.

Summary of the Research Literature

The following is a brief summary of the research literature review presented in this study.

Recall that prior to obtaining a methodologically sound measure of client satisfaction with family counselling, several questions were in need of being answered. These questions related to the meaning of client satisfaction, the value of measuring it, the way to measure it, and the methodological difficulties associated with studying it.

Discussed first in the literature review was Lebow's (1983a) definition of client satisfaction. Client satisfaction can be seen as an inquiry into the extent to which services gratify client wants, wishes or desires for treatment. The point was made that client satisfaction ratings should be seen as both a measure of actual service provided and a measure of the person providing the rating.

From the literature reviewed, it seems that client satisfaction is important to measure. It was noted that the use of client satisfaction data in program evaluation is a very recent trend. Increased use of client feedback could be due to greater recognition of the many reasons for including clients in the evaluation process. These reasons include (a) preventing biased evaluations, (b) discouraging the provision of too little service and/or service of poor

quality, and (c) predicting behavior of clients in the future.

It was noted that disagreement among researchers exists as to whether client satisfaction is multidimensional or unidimensional. The measurement of client satisfaction is, therefore, also debated. Some researchers recommend the use of global measures of client satisfaction with service, while others advocate more specific measures. Multidimensional measures of client satisfaction are most helpful to program evaluators who wish to make specific suggestions to program directors and administrators regarding the improvement and/or development of services.

Several methodological difficulties inherent in any investigation of client satisfaction were discussed. These included (a) high rates of reported satisfaction, (b) the need for meaningful comparison data, (c) failure to use standardized scales, (d) biased sampling, and (e) the high cost low relevance of client satisfaction data in counselling service agencies. Discussion also focused on ways to minimize and/or eliminate methodological problems when proceeding with a client satisfaction survey.

In meeting the second purpose of this study, the research literature was reviewed in order to select variables for study in relation to client satisfaction with family counselling service.

Little research has been conducted in exploration of the therapeutic relationship. Although therapists of various theoretical persuasions would generally agree that the quality of the therapeutic relationship is important to successful therapeutic outcomes, even this issue has insufficiently been researched. The depth and breadth of research in this area has been limited by (a) a focus on individual psychotherapy from the client-centered perspective, (b) the infrequent use of client perceptions of the therapeutic relationship, (c) the use of only one instrument to study client perceptions of the therapeutic relationship, and (d) a current lack of interest in the topic among researchers.

Although research investigating client perceptions of the therapeutic relationship is limited, suggestions are that client opinions of the therapist are qualitatively different from the opinions of nonparticipatory judges and therapists themselves, with respect to the therapist qualities of empathy, warmth and genuineness. Additionally, a strong relationship has been found between treatment outcome and client-perceived therapist empathy, warmth and genuineness for individual psychotherapy but not for group therapy. Family counselling has apparently not been studied in this regard.

Little research has examined how client perceptions of the therapeutic relationship are influenced, despite the

possibility that client perceptions of this relationship mediate therapeutic outcome.

No research was found exploring client satisfaction with the therapeutic relationship.

More information was found on the relationship between client rated change and client satisfaction with service. This area of research is contradictory but seems to suggest that client ratings of global change are more strongly related to satisfaction than are ratings of more specific change.

Client satisfaction with treatment of the presenting problem was discussed last in the literature review presented. While there has been some examination of treatment variables in relation to client satisfaction with service (such as treatment approach, length of treatment and manner of termination), little if any research has specifically investigated client satisfaction with treatment of the presenting problem.

Rationale for the Present Study

Recall that the two main purposes of the present study were (a) to obtain a methodologically sound measure of client satisfaction with family counselling service, and (b) to explore the relationship of three variables to client satisfaction with service. A rationale for these

investigations, based on the research literature just reviewed, follows.

Satisfaction with Family Counselling

From the literature reviewed, it is evident that there are several issues to contend with in obtaining a methodologically sound measure of client satisfaction with counselling service. The need for client satisfaction data to be collected in ways that minimize methodological difficulties has already been stressed.

What is particularly lacking in the literature are investigations of client satisfaction with family counselling service.

The Correlates of Satisfaction

Given that level of satisfaction with service varies among clients, it is important to understand what factors might be associated with this variability.

Lack of research in certain areas of the client satisfaction literature provided a rationale for the study of client satisfaction with family counselling service in relation to: (a) client satisfaction with the therapeutic relationship, (b) client rating of global change as a result of treatment, and (c) client satisfaction with treatment of the presenting problem.

Since client perceptions of therapist empathy, warmth, and genuineness have been shown to be related to positive therapeutic outcomes, there is reason to further explore client perceptions of therapeutic conditions. This could involve an exploration of client satisfaction with the therapeutic relationship.

The present study therefore investigates client satisfaction with service in relation to client satisfaction with the therapeutic relationship. As well, client satisfaction with various therapist behaviors are explored in relation to satisfaction with the therapeutic relationship in an attempt to understand how satisfaction with the therapeutic relationship might be influenced by therapist variables.

Although client rated change has often been studied in relation to treatment efficacy, less information is found relating client rated change to client satisfaction. What data is available on this topic is contradictory. Thus, it seems appropriate to further examine client rated change in relation to client satisfaction.

Considering the trend of differential findings concerning client ratings of global versus specific change (i.e. that the correlation between client satisfaction and client rated global change is usually stronger than the correlation between client satisfaction and client rated specific change), this study proposes a measure deriving

client rated global change from individual client ratings of specific change. Previous investigations have typically asked clients, in a single question, how much change overall in their lives or in their problems has occurred as a result of counselling. Thus, client rated global change, as derived in this study, is unique and when related to client satisfaction with service, would seem to add new information to the research literature on this topic.

Finally, from the research literature reviewed in this study, it is quite obvious that client satisfaction with treatment of the presenting problem has received little attention from researchers. Yet, there is some evidence to suggest that this variable would correlate with client satisfaction with counselling service. Thus, an investigation of this variable was seen as appropriate in the present study.

Research Questions

The following research questions were of central interest in the present study:

Purpose One: To Measure Client Satisfaction with Family Counselling Service

1. Overall, how satisfied are clients with counselling service provided through a nonprofit, publically funded family counselling agency?

Purpose Two: To Explore and Correlate Three Variables with Client Satisfaction with Family Counselling Service

2. How does client satisfaction with service relate to client satisfaction with the therapeutic relationship?

3. How does client satisfaction with service relate to client rating of global change as a result of treatment?

4. How does client satisfaction with service relate to client satisfaction with treatment of the presenting problem?

5. How satisfied are clients with various therapist behaviors, including:

   (a) concern shown by therapist

   (b) help given by therapist to understand what to expect in therapy

   (c) help given by therapist to share information openly and honestly

   (d) therapist assurance of confidentiality

   (e) respect shown by therapist

(f) therapist attention to most important problems

(g) therapist permission to talk about everything of importance

6. How is client satisfaction with each of the various therapist behaviors studied related to client satisfaction with the therapeutic relationship?

Definition of Terms

Client

In this study, the term client refers to primary clients only. Primary clients are those recipients of family counselling service who are identified as the person having initial contact with the agency. In other words, the primary client is the person responsible for contacting the agency by phone or in person to request counselling, whose family subsequently attends counselling sessions.

Client Satisfaction

The term client satisfaction, in this study, refers to client overall satisfaction with counselling service and can best be defined as the extent to which overall experience with a counselling service agency gratifies the client's wants, wishes or desires for treatment. This definition is that of Lebow (1983a).

CHAPTER III

Methodology of the Study

The Sample

Primary clients from FSAE whose files were closed between May 16, 1988 and August 5, 1988 met the criteria for participation in the present study.

Of 178 primary clients whose files were closed during this time, 40 were unable to be contacted or had moved, leaving no forwarding address and 3 refused to participate in the study. This left a total sample size of 135.

Procedures

Data Collection

Initial contact with subjects was made by telephone. A brief description of the study was given and participation was requested with the assurance that responses would be confidential. Questionnaires were then numbered with the client's file number to (a) monitor returns, and (b) relate file information, other than name, to the satisfaction data obtained. Questionnaires were then mailed out to clients with a cover letter addressed to them and personally signed by the director of the counselling program (see Appendix B for a copy of this letter). A postage paid, addressed, return envelope was also included.

Two weeks following the date questionnaires were mailed out, clients who had not yet responded were contacted by telephone and asked if they had received the questionnaire, if they had any questions regarding the questionnaire or the study in general, and if they could return their questionnaire at their earliest convenience. No further follow-ups were conducted.

At the conclusion of the study, a small group of randomly selected nonresponders was interviewed by telephone in order to detect possible response bias. No subjects who were asked to be interviewed refused. Interviewees were asked all questions from the first page of the mailed out questionnaire, which represented a standardized measure of overall satisfaction with counselling service.

Independent Variable

Treatment approach is an independent variable in this study. Close to half (43%) of respondents received a systems modification treatment approach. Theory underlying this approach assumes that families are open systems, consisting of systems within systems (i.e. individuals and family subgroups) and relating to other systems (eg. extended family, schools, industry, religions). The behavior of family members is governed and monitored by implicit and explicit family rules and by the actions of members in the system. A therapist working from this

perspective is concerned with the processes occurring in the family system which produce pathological behavior. Attempts are made to modify the structure and organization of the family as well as transactional patterns of the system so that pathological behavior is no longer supported.

The second most frequent treatment approach used was guidance and support, with 21% of respondents receiving this approach. Such an approach to therapy involves advice giving and providing comfort to family members.

Thirty-six percent of respondents received other treatment approaches, which include behavior modification and cognitive change. In behavior modification therapy, the individual in the family seen as causing disruption is offered rewards for more desirable behavior. In cognitive change therapy, irrational or unhelpful thought patterns or world views of family members are replaced with rational and helpful ones.

Instruments

Client Satisfaction Questionnaire-8

In conducting a client satisfaction study, the importance of using a standardized, psychometrically tested instrument has already been discussed. For the purposes of this study, the 8-item Client Satisfaction Questionnaire (Larsen et al., 1979) was used as a measure of client

satisfaction with service received. The CSQ-8 made up the first page of a six page questionnaire mailed out to subjects in this study.

Lebow (1983a) notes that "the only instrument employed in more than a few studies has been the Client Satisfaction Questionnaire ..." (p. 213).

The CSQ-8 was derived from the CSQ-31 (Larsen et al., 1979). The 31-item version of the CSQ was developed following an extensive literature review of published and unpublished research determining nine categories of client satisfaction with service. Experts ranked how well each of 81 original items tapped the category in question and 31 items were selected.

To construct the CSQ-8, eight items were selected from the 31-item version of the CSQ on the basis of good inter-item and item-total correlations. Additionally, the eight items selected loaded highly on the unrotated first factor in a factor analysis of CSQ-31 responses.

The CSQ-8 has eight questions with four response choices per question. A response of "1" indicates the lowest degree of satisfaction, while a response of "4" indicates the highest. Thus, the highest score possible is 32, the lowest score possible is 8.

Response categories can be collapsed into Low (8-20), Medium (21-26) and High (27-32), as done in the study by Larsen et al. (1979).

A shorter version of the CSQ-8 can be used, which includes questions three, seven and eight (Larsen et al., 1979).

The average scale mean for the CSQ-8 was found to be 24.16 and the average item mean, 3.02 (Attkisson and Zwick, 1982). Average item variance was found to be .57 in the same study.

The CSQ-8 has been shown to have excellent internal consistency, with coefficient alpha ranging from .92 - .93 (Larsen et al., 1979; Attkisson and Zwick, 1982). Thus, the 8 items appear to provide a homogenous estimate of general satisfaction with service. Homogeneity of the CSQ-8 items is also reflected in high inter-item and item-total correlations of .62 and .77 respectively (Attkisson and Zwick, 1982).

Attkisson and Zwick (1982) found the CSQ-8 to be substantially correlated with remainder-terminator status after one month (rpbis = .57) and with number of therapy sessions attended in one month (r = .56). If it is believed that less satisfied clients drop out of therapy and/or attend fewer sessions, then these findings provide some degree of construct validity. Additionally, the CSQ-8 was correlated with client (rs= -.34, $p < .01$) and therapist (rs= -.33, $p < .04$) global ratings of improvement. Correlation with an outcome measure such as this also suggests construct validity.

Larsen (1977, as cited in Larsen et al., 1979) found CSQ-8 scores correlated .56 ($p < .01$) with therapist ratings of how satisfied they believed clients to be. This finding provides some evidence of the concurrent validity of the CSQ-8.

The CSQ-8 has been translated into Dutch and found to have similar psychometric properties as the English version, CSQ-8 (DeBrey, 1983). All eight questions loaded heavily on a general satisfaction factor, having factor loadings ranging from .51 to .87 with all but one being .70 or greater. The Dutch version of the CSQ-8 showed high inter-item correlations ranging from .36 to .72 and coefficient alpha was .91, indicating a high degree of internal consistency.

Roberts and Attkisson (1983) tested the psychometric properties of the CSQ-8 across various ethnic groups, including Mexican Americans, Puerto Ricans and Cubans, blacks and Anglos. Item-total correlations were similar across the four groups, with mean item-total correlations being .60 for blacks, .64 for Anglos, .67 for Mexican Americans and .71 for Puerto Ricans and Cubans. Inter-item correlations were also similar across the four groups, with mean correlations ranging from .43 to .54. Cronbach's alpha ranged from .86 to .91 for the four groups, demonstrating high internal consistency regardless of ethnicity.

Findings taken together suggest the CSQ-8 is a brief, psychometrically valuable measure of client satisfaction with service (see Appendix C for a copy of this questionnaire).

Below is a full description of the remaining questionnaire administered to participants. However, data from only three parts of this remaining questionnaire were utilized in the present study. Primary attention should therefore be given to: Part I: Client Rating of Satisfaction with Treatment of the Presenting Problem; Part I: Client Satisfaction with Various Therapist Behaviors; Part I: Client Satisfaction with the Therapeutic Relationship; Part III: Client Rating of Global Change.

FSAE Questionnaire

Larsen et al. (1979) state that the CSQ-8, because of its brevity, can easily be supplemented with open ended questions and/or items of particular interest to an agency without undue time demand on respondents. As mentioned earlier, global measures of client satisfaction do not adequately provide information useful in making specific program changes. The use of an agency specific, more detailed questionnaire thus seems justified.

In this study, a modified and reformatted version of the Satisfaction Questionnaire developed by the Family

Service Association of America (Fahs-Beck and Jones, 1980) was used with the CSQ-8.

Original modifications of the Satisfaction Questionnaire were carried out by therapists and administrators at FSAE largely on the basis of agency need and face validity. It is not known how these modifications affected the psychometric properties of the original questionnaire.

FSAE used this modified questionnaire in previous studies of client satisfaction, but experienced very low response rates with its use (30% and 34% returns). Minor format changes were made to this instrument for the purposes of this study in the expectation that these changes would make the questionnaire not only easier to complete but also more appealing and/or interesting. It was predicted that this in turn would have a positive effect on response rate. Content of the reformatted version of the FSAE questionnaire was left relatively unchanged.

Part I.

The FSAE questionnaire is divided into three parts. The first part includes a qualitative question soliciting the respondent's description of their presenting problem.

Following this item, a scaled question asks respondents to rate their degree of satisfaction in dealing with their most important problem. For the purposes of this study,

this scaled question serves as a client rating of satisfaction with treatment of the presenting problem. A rating of "1" indicates the respondent is quite dissatisfied in dealing with their presenting problem, while a rating of "4" indicates the respondent is very satisfied. A rating of "2" suggests the respondent is indifferent or mildly dissatisfied and a rating of "3" suggests the respondent is mostly satisfied.

The first part of the FSAE questionnaire also includes seven scaled items intended to obtain ratings of client satisfaction with various therapist behaviors. For each item there are again four response choices, with "1" being quite dissatisfied with the therapist's behavior and "4" being quite satisfied.

Questions in this section pertain to (a) concern shown by the therapist, (b) client expectations of therapy set by the therapist, (c) the therapist's help to encourage open and honest communication, (d) the therapist's assurance of confidentiality, (e) respect shown by the therapist, (f) the therapist's focus on most important problems, and (g) the therapist's permission to talk about everthing of importance.

Following these scaled questions, respondents are asked to rate the degree to which they are satisfied, overall, with their relationship with their therapist. A rating of "1" indicates the respondent is quite dissatisfied with this

relationship, while a rating of "4" indicates the respondent is very satisfied.

Also included in the first part of the FSAE questionnaire are two yes/no questions and two qualitative questions inquiring about helpful and unhelpful therapist behaviors. Responses to the qualitative comments are meant to be categorized into themes.

Part II.

Part two of the FSAE questionnaire includes six scaled items intended to assess client opinion regarding various aspects of service delivery. Items address the following aspects of service delivery: (a) distance to the agency, (b) parking, (c) availability of appointment times, (d) location of the agency, (e) fees for service, and (f) the waiting list.

For each item, a response of "1" indicates that the respondent strongly agrees the aspect of service delivery queried about is problematic, while a response of "4" suggests it is not at all problematic to the respondent.

A seventh item is an open-ended question designed to obtain information regarding client dissatisfaction with service delivery that may not have been accessed in the first six questions.

In addition to the service delivery questions mentioned above, part two of the FSAE questionnaire also includes an

open-ended question asking the client's reason for termination. Responses to this item are meant to be categorized according to theme.

Part III.

Part three of the FSAE questionnaire consists of 17 scaled items intended to measure client perceived overall change in problems as a result of therapy. An 18th open-ended item allows for any problem not addressed by the previous items to be identified and rated.

Respondents check which items were problems for them when they came for therapy and, for each problem checked, respondents rate, from one to five, how much change has occurred as a result of therapy. A response choice of "1" indicates the problem is much worse, while a response choice of "5" indicates the problem is much better. A rating of "3" indicates there has been no change in the problem.

Client global rating of change is calculated by summing change response choices and dividing by number of problems.

Part three of the FSAE questionnaire is concluded with an open-ended question for any additional comments respondents may wish to make regarding their experience with FSAE. Again, these comments are meant to be categorized according to theme.

Appendix D presents the complete FSAE questionnaire.

CHAPTER IV

Results

Response Rate

Of 135 questionnaires mailed out to participants, 77 were returned. This represents a response rate of 57% and approximates the average rate of responding reported in the literature for mailed client satisfaction questionnaires with phone contact (55%).

The response rate of this study is significantly better than the 34% return rate (1984) and the 30% return rate (1985) obtained in previous FSAE client satisfaction surveys.

The length of time between date of last contact with therapist and date questionnaire was returned was calculated and, the average time elapsed was 127.59 days, with a range of 26 days to 307 days.

Description of Respondents

Treatment Variables

Length of treatment for respondents ranged from 0 to 470 days, with a mean length of treatment at 93.44 days. Approximately 67% of respondents had treatment lasting between 0 and 100 days.

Number of sessions ranged from 0.50 to 35, with a mean number of sessions at 6.31. Approximately 79% of respondents had between 0 and 12 sessions.

For 66% of respondents, therapists recorded both therapist and client agreed to terminate. For 26% of respondents, therapists recorded that only the client agreed to terminate. For 5% of respondents, therapists recorded that they alone recommended termination and for 3% of respondents, therapists recorded that clients could no longer be accessed. For the respondents in this study, no therapists reported transferring or refusing a case as reason for termination and none reported referring the client to other services. This is likely due to FSAE's stringent screening of clients prior to therapist assignment.

Demographic Characteristics

Demographic characteristics of respondents were analyzed and compared, when possible, to the demographic characteristics found in the general population of clients served by FSAE. For most variables, data on the latter were available in summarized form for all new cases opened in the years 1985 and 1987.

Sex of respondents.

Questionnaires were sent out to 104 females and 31 males. Thus, 77% of clients surveyed were female, while 23% were male. This result suggests that primary clients are very often female.

Of the 77 respondents, 60 were female and 17 were male. In other words, 78% of respondents were female, while 22% were male. It does not appear that males or females were more or less apt to respond. The disproportionate number of males and females in the respondent group most likely reflects the disproportionate number of males and females surveyed.

FSAE client population comparison data for the variable sex was not available.

Age of respondents.

Average age of all respondents was 34.94 years. Age of respondents ranged from 15 years to 59 years.

The average age of female respondents was 35.30 years and ranged from 15 years to 59 years, while the average age of male respondents was 33.65 years and ranged from 20 years to 51 years. Thus, ages of male and female respondents appear similar.

Table 1 compares respondents to the general population of clients served by FSAE in 1985 and 1987 on the variable age. Respondents appear quite similar in age to the larger

population of clients served in the years noted. This seems true for all age categories.

Table 1

Age of Respondents Compared to Age of Population Served

Age Category (Years)	Respondents (N = 77)	Percentage of 1987 Cases (N = 854)	1985 Cases (N = 943)
0 - 10	0%	0%	0%
11 - 20	6%	5%	3%
21 - 30	29%	38%	42%
31 - 40	34%	41%	34%
41 - 50	25%	11%	12%
51 - 64	6%	4%	4%
65 and over	0%	0%	1%
Unknown	0%	1%	4%

Marital status of respondents.

Of the 77 participants who returned questionnaires, 44% were married, 14% were separated, 17% were divorced, 4% were widowed and 14% had never married and were currently single. Unmarried people living in common-law relationships represented 7% of respondents.

Table 2 compares these figures with those available for the larger client population served and, again, data appear similar.

Table 2

Marital Status of Respondents Compared to Marital Status of Population Served

Marital Status	Respondents (N = 77)	Percentage of 1987 Cases (N = 854)	1985 Cases (N = 943)
Married Couple	44%	40%	44%
Unmarried Couple	7%	9%	8%
Widow	4%	2%	1%
Divorced	17%	11%	11%
Separated	14%	20%	16%
Single	14%	18%	13%
Unknown	0%	0%	7%

Family status of respondents.

Of the 77 respondents in this study, none reported themselves to be part of a blended family. This finding compares with client population data for 1987 and 1985. Of 854 new cases opened in 1987, none were clients living in blended families. Figures for 1985 show only 1% of 943 new cases opened to be clients from blended families.

Twenty-six percent of respondents were single parents. Comparison figures for 1987 and 1985 client populations served are not available.

Children of respondents.

The average number of children for all respondents was 1.57, with a range of 0-5 children. Regarding this variable, figures for 1987 and 1985 client populations served are not available.

Education of respondents.

Table 3 depicts the education level of respondents and compares this information with client population data for 1987 and 1985. Most respondents reported having some high school education or better and, the education level of respondents appears similar to the larger client population served by FSAE in the two years mentioned.

Table 3

Respondent Education Level and Comparison Figures

Education Level	Respondents (N = 77)	Percentage of 1987 Cases (N = 854)	1985 Cases (N = 400)
Grade 9 or less	0%	0%	3%
Some High School	26%	24%	33%
Compltd High School	49%	47%	39%
Some Trade School/ Community College	0%	1%	4%
Compltd Trade School/ Community College	4%	4%	5%
Some University	4%	10%	6%
Compltd University	9%	12%	10%
Unknown	8%	2%	0%

Note. Comparison figures for 1985 cases are based on N = 400 since the education level of clients served was collected only in the latter part of 1985.

Family income for respondents.

Average gross family income for all respondents was $21,888.05 per year. Table 4 shows the percentage of respondents in each income category.

Client population comparison figures for this variable are not available. However, if amount of education is

considered a good predictor of income earned and, if respondents do not differ significantly from the larger population served on the variable of education level (which, as seen already, they do not), then the inference can be made that family income of respondents would be quite similar to that for the larger population of clients served.

Table 4

Annual Gross Family Income for Respondents

Income ($$/year)	Percentage of Respondents (N = 77)
6,240 - 16,640	53%
18,720 - 29,120	23%
31,200 - 41,600	12%
43,680 - 55,120 +	12%

Note. Annual incomes that fell between categories were rounded off to the nearest categorical figure.

Income source for respondents.

The majority of respondents reported their primary source of family income to be through employment of one or more family members (83% of the 77 respondents reported most family income from this source). Nine percent of respondents reported most of their income from full social

assistance, 4% reported most income from unemployment insurance benefits and 1% reported most income from student loans. No respondents reported income from partial social assistance, pension payments or worker's compensation benefits. Three percent of respondents reported that most of their family income came from sources other than those mentioned above.

Table 5 shows comparison data for this variable and, once again, similarity between figures appears.

Table 5

Income Source for Respondents and Comparison Figures

Income Source	Percentage of Respondents (N = 77)	1987 Cases (N = 854)	1985 Cases (N = 943)
Part Social Assistance	0%	2%	1%
Full Social Assistance	9%	12%	8%
Employ of One or More	83%	67%	62%
Comp./UIC/Student Loan	5%	13%	8%
Pension	0%	1%	1%
Other	3%	4%	2%
Unknown	0%	1%	18%

In sum, results indicated that respondents are quite representative of the general population of clients served by FSAE. Thus, findings from this study can be generalized, with more confidence, to the population of clients served by FSAE.

Client Satisfaction with Service

Respondents

Recall that the first research question asked in this study pertained to measuring client satisfaction with family counselling service. Table 6 shows summary statistics for the 77 respondents who answered the CSQ-8 with reference to their experience at FSAE.

Table 6

Summary Statistics for CSQ-8 Results

No. Respondents	Mean	Range	Mode	Median	Std. Deviation
77	24.66	12-32	28	25	4.991

The mean scale score on the CSQ-8 for 77 respondents was 24.66 (Mostly Satisfied). This finding closely approximates the expected scale mean of 24.16, as reported in a study examining the psychometric properties of the CSQ-8 (Attkisson and Zwick, 1982).

As expected, the distribution of CSQ-8 responses was negatively skewed, with most respondents reporting satisfaction with service received. Responses ranged from 12 to 32 and the most frequent response was 28.

Approximately 67% of respondent scores fell between 19 and 29 on the CSQ-8.

Table 7 shows CSQ-8 results by categorizing scale scores into Low (8-20), Moderate (21-26) and High (27-32) levels of satisfaction. Category definition was developed by Larsen et al. (1979).

Table 7

Client Satisfaction with Service by Category

Satisfaction Level (Scale Scores)	Percentage of Respondents (N = 77)
High (27-32)	42%
Moderate (21-26)	36%
Low (8-20)	22%

Another way of analyzing the variance in CSQ-8 responses is to categorize scale scores as falling into one of the following four categories: (a) very satisfied (28-32), (b) satisfied (20-27), (c) indifferent or mildly dissatisfied (19-13), and (d) very dissatisfied (8-12).

In order to compare the satisfaction scores from this study with those from previous client satisfaction studies done by FSAE, CSQ-8 responses were categorized as mentioned above and results are shown in Table 8.

Levels of satisfaction with service reported by clients appears fairly similar across studies. However, it is not possible to draw firm conclusions from the data presented regarding trends in client satisfaction over time, since a standardized instrument was not used across studies nor did each study follow the same methodological procedure. Comparisons across studies are therefore very tentative.

Table 8

CSQ-8 Results Compared to Previous FSAE Studies

Satisfaction Level (Scale Scores)	Percentage of Respondents 1988 Study (N = 77)	1985 Study (N = 225)	1984 Study (N = 160)
Very Satisfied (28-32)	39%	33%	41%
Satisfied (20-27)	40%	36%	32%
Indifferent or Mildly Dissatisfied (13-19)	20%	14%	10%
Very Dissatisfied (8-12)	1%	17%	16%

Note. Response rate for 1988 study = 57%. Response rate for 1985 study = 30%. Response rate for 1984 study = 34%.

Until FSAE can develop a comparative data base of their own (by using the same measure and methodological procedure

over time to study client satisfaction), the research literature on client satisfaction with mental health care can be used to provide an interpretive context.

Lehman and Zastowny (1983) reviewed 18 studies between 1970 and 1983 that specifically investigated client satisfaction with outpatient, conventional, non-chronic mental health treatment. Since FSAE is considered this type of program, these studies can be used as a comparative base.

Lehman and Zastowny (1983) used meta-analytic procedures to develop program specific preliminary norms for client satisfaction. In order to use their norms, a modified standard normal deviate z-score must be computed as follows:

$$z = \frac{\text{(Observed Mean) - (Scale Midpoint)}}{\text{Observed Standard Deviation}}$$

This z-score reflects "the deviation of the observed mean satisfaction from the numerical midpoint of the satisfaction scale, the hypothetical 50% satisfaction reference point" (Lehman and Zastowny, 1983, p. 266).

In the present study, calculations would be:

$$z = \frac{24.66 - 20}{4.96} = 0.94$$

Based on their meta-analytic procedures, Lehman and Zastowny (1983) suggest that the above figure should

approximate 2.20 + or - 0.52 at the 90% confidence interval or 2.20 + or - 0.66 at the 95% confidence interval. That is, the probability is .90 that the interval 1.68 - 2.72 contains the calculated z-score and the probability is .95 that the interval 1.54 - 2.86 contains the calculated z-score.

Using this method of comparison, results of this study depart substantially from the preliminary norms established by Lehman and Zastowny (1983). The observed CSQ-8 mean of 24.66 should be slightly higher to compare favorably with the existing literature regarding outpatient, conventional, non-chronic mental health treatment programs.

While Lehman and Zastowny (1983) admit that their norms are preliminary, they have calculated, for the program specific norm just referred to, that the probability they have made a Type I error in their meta-analytic calculations (i.e. the probability that the results of multiple studies combined are due to chance) is less than .001.

It is interesting that the mean scale score on the CSQ-8 for the present study closely approximated the expected value based on psychometric testing of the instrument (24.66 versus 24.16) yet, according to Lehman and Zastowny's (1983) preliminary norm estimates, this mean satisfaction score is low. Assuming these norms are correct, perhaps the CSQ-8 yields lower satisfaction scores

in comparison to other measures used in other studies of client satisfaction.

It is also possible that the degree of satisfaction obtained in this study is peculiar to family treatment programs. Comparison with one other study of client satisfaction with family counselling service is possible. While 79% of respondents were found to be satisfied with family counselling service in the present study, Woodward et al. (1978) found that only 64% of subjects in their study were satisfied with family counselling service. However, Woodward et al. (1978) did not use the CSQ-8 in their study, which could account for these different results.

Nonresponders Interviewed

One step taken to ensure a methodologically sound measure of satisfaction was obtained was to interview nonresponders. Of the group of 58 nonresponders, 25 were randomly selected to be interviewed over the telephone, using the CSQ-8.

The mean scale score on the CSQ-8 for this group was 23.12 and the standard deviation was 6.418. Thus, approximately 67% of nonrespondents' scores fell between 16 and 29 on the CSQ-8. Responses ranged from 11 to 32 and the most frequent response was 32.

A two-tailed pooled variance estimate t-test indicated that the scale mean of 23.12 for nonresponders interviewed

was not significantly different from the scale mean for responders, which was 24.66 ($p > .05$).

Additionally, the range of scale scores for nonresponders interviewed (11-32) appeared similar to the range of scale scores for responders (12-32).

Interestingly, the most frequent response for nonresponders interviewed was 32, while it was 28 for respondents. Both of these scores fall into the category "Very Satisfied" or "High" level of satisfaction and can therefore be considered comparable results.

Table 9 shows the comparison of CSQ-8 results by satisfaction category for responders and nonresponders who were interviewed. Again, results appear similar.

Table 9

CSQ-8 Results for Responders and Nonresponders Interviewed

Satisfaction Level (Scale Scores)	Percentage of Respondents (N = 77)	Percentage of Nonresponders Interviewed (N = 25)
High (27-32)	42%	32%
Moderate (21-26)	36%	36%
Low (8 - 20)	22%	32%
Very Satisfied (28-32)	39%	20%
Satisfied (20-27)	40%	56%
Indifferent or Mildly Dissatisfied (13-19)	20%	16%
Very Dissatisfied (8-12)	1%	8%

In short, there is much evidence to suggest that the nonresponding group answered CSQ-8 items in much the same way as the responding group did. Therefore, more confidence can be placed in respondent group satisfaction results since bias in this group seems minimal. It seems unlikely that the satisfaction with family counselling service results

obtained in this study would be significantly different had response rate been 100%.

It is possible that clients interviewed by telephone were less willing to be critical in the interest of pleasing the interviewer. Recall that orally administered satisfaction questionnaires result in reported satisfaction levels approximately 10% higher than questionnaires not so administered (Lebow, 1983a). However, even when this is taken into consideration, results between the two groups are strikingly similar.

Summary of Frequency Statistics

Prior to discussing correlations obtained between the three variables studied and satisfaction with service, frequency statistics are presented for each variable.

The Therapeutic Relationship

Respondents were asked to indicate how satisfied they were with their relationship with their therapist. The mean score for this question was 3.31 (Mostly Satisfied) and the standard deviation was .8153. Responses ranged from 1 (Very Dissatisfied) to 4 (Very Satisfied).

Table 10 shows the frequency with which respondents indicated they were very satisfied, satisfied, indifferent or mildly dissatisfied, or very dissatisfied with their

relationship with their therapist. Valid percent and cumulative percent are also shown.

Table 10

Summary of Responses to Satisfaction with the Therapeutic Relationship

Satisfaction Level	Freq	Valid Percent	Cum Percent
Very Dissat	2	2.6%	2.6%
Ind/Mildly Dissat	11	14.3%	16.9%
Satisfied	25	32.5%	49.4%
Very Satisfied	39	50.6%	100.0%

Note. N = 77.

From Table 10 it appears that very few respondents reported any degree of dissatisfaction with their relationship with their therapist (i.e. only 16.9% of respondents reported any dissatisfaction with this relationship). Indeed, half of all respondents stated they were very satisfied with this relationship.

Client Rated Change

Respondents were asked to rate the degree of change they experienced as a result of treatment in various problem areas of their lives and an average score representing client rating of global change was computed (i.e. sum of ratings divided by number of problem areas).

Scores for 76 respondents ranged from 2.3 (A Little Worse) to 5.0 (Much Better). The mean score was 3.91 (A Little Better) and the standard deviation was 0.6347.

Table 11 summarizes frequency of client responses to this question.

Table 11

Summary of Client Change Scores

Change Category	Freq	Valid Percent	Cum Percent
Much Worse (1.0 - 1.4)	0	0.0%	0.0%
A Little Worse (1.5 - 2.4)	1	1.3%	1.3%
No Change (2.5 - 3.4)	20	26.1%	27.6%
A Little Better (3.5 - 4.4)	38	49.9%	77.6%
Much Better (4.5 - 5.0)	17	22.3%	100.0%

Note. N = 76.

From Table 11 it appears that approximately 72% of respondents feel that they have experienced at least some change for the better in their problems overall as a result of their counselling experience. This finding approximates the average improvement rate reported in the literature of

two out of three clients, or 67% of clients (Gurman and Khiskern, 1978).

It is interesting to note that while 72% of clients reported overall change for the better in their problems, 79% of clients reported some degree of satisfaction with service. Recall that in one review of unpublished client satisfaction research, McPhee et al. (1975) found client reports of satisfaction more frequent than client reports of change. However, Woodward et al. (1978) found more clients reporting change than satisfaction in a study of family therapy. Results of this study appear to support the findings of McPhee et al. (1975).

Treatment of the Presenting Problem

Respondents were asked to rate how satisfied they were in dealing with their presenting problem. Individual ratings ranged from 1 (Quite Dissatisfied) to 4 (Very Satisfied). The mean score for 77 respondents was 2.69 (Mostly Satisfied) while the standard deviation was 0.8624.

Table 12 summarizes frequency of response to this question.

Table 12

Summary of Responses to Satisfaction with Treatment of the Presenting Problem

Satisfaction Level	Freq	Valid Percent	Cum Percent
Very Dissat	10	13.0%	13.0%
Ind/Mildly Dissat	14	18.2%	31.2%
Satisfied	43	55.8%	87.0%
Very Satisfied	10	13.0%	100.0%

Note. N = 77.

From Table 12 it is evident that, while 55.8% reported being satisfied in dealing with their most important problem, only 13% stated they were very satisfied. Additionally, a fair percentage of clients reported some degree of dissatisfaction on this variable (31.2%).

The Correlates of Satisfaction

Recall that three research questions were aimed at exploring possible correlates of client satisfaction with service.

Pearson Correlations

Table 13 shows a Pearson product-moment correlation matrix for the variables satisfaction with service (SATSERV), satisfaction with treatment of the presenting

problem (SATTREPP), global rating of change (GLOCHA), and satisfaction with the therapeutic relationship (SATTHER).

Table 13

Pearson Correlates of Satisfaction with Service

	SATSERV	SATTREPP	GLOCHA	SATTHER
SATSERV	-	-	-	-
SATTREPP	.76	-	-	-
GLOCHA	.66	.62	-	-
SATTHER	.65	.48	.46	-

Note. All correlations are significant ($p < .001$).

From Table 13 it is evident that client satisfaction with treatment of the presenting problem is most strongly and positively related to client satisfaction with service ($r = .76$, $p < .001$).

Client rating of global change as a result of treatment and client satisfaction with the therapeutic relationship also show a strong positive relationship to satisfaction with service ($r = .66$, $r = .65$, respectively, $p < .001$). However, these correlations are slightly lower than the correlation between satisfaction with treatment of the presenting problem and satisfaction with service.

Interestingly, while client rating of global change and client satisfaction with the therapeutic relationship are strongly related to satisfaction with service, these two variables show a fairly low correlation themselves ($r = .46$). This suggests that knowledge of these two variables could be quite predictive of satisfaction with service.

From Table 13 it is evident that the variables client rating of global change and client satisfaction with treatment of the presenting problem are highly correlated with each other ($r = .62$, $p < .001$).

Perhaps client satisfaction with treatment of the presenting problem depends, to some degree, on change in the presenting problem observed by the client. If so, this could be a partial explanation for the high correlation between client satisfaction with treatment of the presenting problem and client rating of global change.

In light of the high correlation between client rating of global change and client satisfaction with treatment of the presenting problem, it is most interesting to note the low correlations between each of these variables and client satisfaction with the therapeutic relationship ($r = .46$, $r = .48$, respectively). Not only do these two variables seem to be measuring something similar but, that which they are measuring (i.e. client perceived change in problems) does not appear strongly related to client satisfaction with the therapeutic relationship.

In general, the Pearson product-moment correlations obtained between client satisfaction with service and each of the three variables studied are strong and positive.

Cross-tabulations

The therapeutic relationship.

A cross tabulation of client satisfaction with service by client satisfaction with the therapeutic relationship appears in Appendix E.

From this tabulation it appears these two variables are quite strongly related in a positive direction. Generally, satisfaction with the therapeutic relationship was associated with satisfaction with service received.

The positive relationship between these two variables can further be examined by analyzing responses in terms of category agreement.

Of 39.0% of respondents who stated they were very satisfied with service overall, 80.0% stated they were very satisfied with their relationship with their therapist. At this end of the satisfaction continuum, there is substantial agreement for these two variables.

Of 40.3% of respondents who stated they were satisfied with service overall, 45.2% said they were satisfied with their relationship with their therapist. Almost an equal number of respondents (41.9%) said they were very satisfied with the relationship with their therapist. Thus, it

appears that several respondents reporting themselves to be only satisfied with service still felt very satisfied with their relationsnip with their therapist.

Of 19.5% of respondents who stated they were indifferent or mildly dissatisifed with service, 53.3% said they felt indifferent or mildly dissatisfied with their relationship with their therapist. Interestingly, 40.0% still said they were satisfied or very satisfied with this relationship.

Of 1.3% of respondents who stated they were very dissatisfied with service, 0% reported any dissatisfaction with the therapeutic relationship and 100% said they were satisfied with this relationship. Thus, it appears that satisfaction with the therapeutic relationship is possible even when there is extreme dissatisfaction with service overall. However, this conclusion is based on one case only and is therefore very tentative.

While a significant positive relationship does appear to exist between the variables client satisfaction with service and client satisfaction with the therapeutic relationship, an analysis of response category agreement shows that satisfaction with the therapeutic relationship is often greater than satisfaction with service. The reverse is less often the case (i.e. that satisfaction with service is greater than satisfaction with the therapeutic relationship). It seems that variables in addition to

satisfaction with the therapeutic relationship are related to satisfaction with service.

Client rated change.

A cross tabulation of client satisfaction with service by client rating of global change, based on 76 respondents, appears in Appendix E.

This tabulation shows a positive relationship between these two variables. The majority of respondents who reported themselves to be satisfied, to some degree, with service overall also reported positive overall change in their problems as a result of therapy.

Further, it appears that change for the better in problems as a result of therapy is necessary for clients to rate overall service very highly, since 96.7% of respondents who stated they were very satisfied with service also said they experienced positive change in their problems as a result of therapy.

The positive relationship between client satisfaction with service and client rated change was also evidenced among respondents who were dissatisfied with overall service. These respondents most often reported experiencing no change in their problems.

However, change for the better was sometimes associated with dissatisfaction with service (i.e. 26.7% of respondents who were dissatisfied with service reported change for the

better). Thus, it cannot be assumed that clients who experience positive change in their problems are necessarily satisfied with overall service received nor that clients who are dissatisfied with overall service have experienced no positive change in their problems.

Results also show that of 26.3% of respondents who experienced no overall change in their problems, 45.0% still felt some degree of satisfaction with service. Thus it seems that clients who experience no overall change in their problems as a result of therapy may be either satisfied or dissatisfied with service.

Results of this study make it difficult to determine what relationship exists between client satisfaction with service and client rating of overall change for the worse in problems since so few cases are involved. It was found that 1 out of 76 respondents reported overall change for the worse in their problems as a result of therapy, but said they were satisfied with service.

In sum, most respondents who reported some degree of satisfaction with service also reported experiencing positive change in their problems as a result of therapy and the majority of respondents who reported dissatisfaction with service did not experience this positive change. However, many respondents were exceptions to this general trend (i.e. they experienced no positive change or change for the worse in their problems as a result of therapy but

were satisfied to some degree with overall service or, they were dissatisfied with service but experienced positive change). One explanation for this is that client ratings of satisfaction with service are not solely dependent on change or lack of change experienced by clients as a result of therapy. Variables other than client rated global change might be related to satisfaction with service.

Treatment of the presenting problem.

A cross tabulation of client satisfaction with service by client satisfaction with treatment of the presenting problem is presented in Appendix E.

This tabulation shows a very strong positive relationship between these two variables. In general, higher levels of satisfaction with service are associated with greater satisfaction with treatment of the presenting problem.

Category agreement for these two variables is generally quite good. Category agreement appears weakest among clients who reported themselves to be very satisfied with service. Of 39.0% of respondents who stated they were very satisfied with service, only 30.0% said they were very satisfied with treatment of their presenting problem. The majority (70.0%) said they were satisfied with treatment of their presenting problem.

This finding seems to be a function of the marginal values present (i.e. only 13% of respondents said they were very satisfied with treatment of their presenting problem, while 55.8% said they were satisfied, thus limiting the possible value for the very satisfied category). Thus, few respondents were willing to say they were very satisfied with the treatment of their presenting problem.

However, most people who did say they were very satisfied with treatment of their presenting problem, also said they were very satisfied with service.

It is interesting that 25.8% of respondents satisfied with service felt some degree of dissatisfaction with the treatment of their presenting problem. Thus, it cannot be assumed that clients who are satisfied with service are necessarily satisfied with the treatment of their most important problem. Variables other than their satisfaction with treatment of the presenting problem may contribute to a positive service evaluation.

No respondents reported being dissatisfied with service yet satisfied with the treatment of their most important problem.

Of 19.5% of respondents who stated they were indifferent or mildly dissatisfied with service, 60.0% felt indifferent or mildly dissatisfied with the treatment of their presenting problem. The remainder (40.0%) felt very dissatisfied with treatment of their presenting problem.

Of 1.3% of respondents who felt very dissatisfied with service, 100% felt very dissatisfied with treatment of their presenting problem. However, this finding is based on a single case and should be interpreted cautiously.

It seems that clients who are dissatisfied with service are almost always dissatisfied with the treatment of their presenting problem. Perhaps these respondents are especially negativistic in their views (i.e. they see nothing positive about service or treatment).

Exploring the Therapeutic Relationship

Satisfaction with Therapist Behaviors

Recall that the fifth research question in this study asked how satisfied clients might be with various therapist behavior variables. Respondents were asked this and Table 14 summarizes the information obtained.

Table 14

Summary of Frequency Data on Client Satisfaction with Various Therapist Behaviors

	Valid Percent of Clients			
Therapist Behavior	VSATIS	SATIS	IND/MDIS	VDISSAT
Concern Shown	54.5%	36.4%	6.5%	2.6%
Setting Expectations	23.4%	55.8%	18.2%	2.6%
Help to Share Openly and Honestly *	50.0%	40.8%	6.6%	2.6%
Assurance of Confidentiality *	71.1%	25.0%	1.3%	2.6%
Respect Shown	75.3%	20.8%	1.3%	2.6%
Important Problems Worked On *	19.7%	55.3%	15.8%	9.2%
Freedom to Talk About Everything	49.4%	37.7%	10.4%	2.6%

* N = 76. Otherwise N = 77.

From Table 14 it appears that most respondents were satisfied or very satisfied with their therapist in regard to (a) concern shown, (b) setting of expectations for therapy, (c) help to share openly/honestly, (d) confidentiality, (e) respect shown, (f) help with important problems, and (g) freedom to discuss topics.

Correlates of Relationship Satisfaction

Recall that the last research question asked in this study pertained to exploring the associations between client satisfaction with the therapeutic relationship and client satisfaction with various therapist behavior variables.

Pearson correlations.

Table 15 shows a Pearson product-moment correlation matrix for client satisfaction with the therapeutic relationship and client satisfaction with the various therapist behavior variables studied.

Table 15

Pearson Correlates of Satisfaction with the Therapeutic Relationship

	SATTHER	CONCERN	EXPECT	SHARE	CONFID	RESPECT	PROB	TALK
SATTHER	-	-	-	-	-	-	-	-
CONCERN	.68	-	-	-	-	-	-	-
EXPECT	.62	.54	-	-	-	-	-	-
SHARE	.53	.51	.37	-	-	-	-	-
CONFID	.42	.30	.35	.26	-	-	-	-
RESPECT	.47	.52	.31	.46	.37	-	-	-
PROB	.60	.60	.57	.37	.39	.46	-	-
TALK	.54	.39	.31	.54	.33	.54	.40	-

Note. All correlations are significant ($p < .01$).

Most obvious from Table 15 is the absence of negative correlations. Therefore, increased client satisfaction with the therapist's behavior is associated with increased client satisfaction with the therapeutic relationship, while dissatisfaction with the therapist's behavior is related to dissatisfaction with the therapeutic relationship.

Additionally, clients who reported satisfaction with one therapist behavior variable tended to report satisfaction with other therapist behavior variables, while those who reported dissatisfaction with one variable generally reported dissatisfaction on others.

From Table 15 it appears that satisfaction with the therapeutic relationship is most strongly related to satisfaction with concern shown by the therapist ($r = .68$, $p < .001$). Also strongly related is satisfaction with therapist setting of expectations for therapy ($r = .62$, $p < .001$) and satisfaction with the therapist's help with most important problems ($r = .60$, $p < .001$).

It should be noted that the three therapist behavior variables correlating most highly with satisfaction with the therapeutic relationship also correlate quite highly with each other ($r = .54 - .60$, $p < .001$).

Table 15 also shows that satisfaction with therapist help to share information openly and honestly and satisfaction with therapist permission to talk about everything of importance are moderately correlated with

satisfaction with the therapeutic relationship ($r = .53$, $r = .54$, $p < .001$, respectively) and moderately correlated with each other ($r = .54$, $p < .001$).

Satisfaction with therapist confidentiality and satisfaction with respect shown by the therapist have the lowest correlation with satisfaction with the therapeutic relationship ($r = .42$, $r = .47$, $p < .001$, respectively). These two therapist behavior variables are also not highly correlated with each other ($r = .37$, $p < .001$).

Satisfaction with therapist confidentiality shows a low correlation with all other therapist behaviors studied. Similarly, satisfaction with respect shown by the therapist shows a low correlation with a number of the therapist behaviors studied.

However, satisfaction with concern shown by the therapist correlated .52 ($p < .001$) with satisfaction with respect shown by the therapist. This correlation is surprising given the high correlation between satisfaction with concern shown and satisfaction with the therapeutic relationship ($r = .68$). It seems that while satisfaction with respect shown by the therapist is related to satisfaction with concern shown by the the therapist, the former is not highly related to satisfaction with the therapeutic relationship while the latter is.

However, drawing conclusions from this data is problematic. There is good reason to suspect the

correlations between satisfaction with respect shown by the therapist and all other variables. The same holds true for the variable satisfaction with therapist confidentiality.

Most respondents reported satisfaction with the respect shown by their therapist and with their therapist's confidentiality. Due to the limited range of scores for these variables, correlations involving them are attenuated to some unknown degree.

Thus, the correlation between respect shown and therapist confidentiality and the relationship between these two therapist behavior variables and satisfaction with the therapeutic relationship could be much greater than the Pearson correlations in this study suggest. Additionally, the relationship between these two therapist behavior variables and all other therapist behavior variables could be greater.

Cross-tabulations.

Appendix F presents cross-tabulation tables for satisfaction with the therapeutic relationship by satisfaction with each one of the therapist behavior variables.

As expected, these tables show positive relationships between satisfaction with the therapeutic relationship and satisfaction with each therapist behavior variable. Cross-tabulation data indicate that satisfaction with

concern shown by the therapist, therapist setting of expectations, and therapist help with most important problems are most strongly related to satisfaction with the therapeutic relationship. These results are congruent with the Pearson correlations discussed earlier.

While satisfaction with therapist confidentiality and respect shown appear least related to satisfaction with the therapeutic relationship, the cross-tabulation tables for these variables also indicate that very few people reported any dissatisfaction with their therapist's confidentiality nor with the respect shown by their therapist.

While these two therapist behavior variables in particular were rated highly by respondents, cross-tabulation data show that other therapist behavior variables were also rated higher than might be expected given the respondent's rating of the therapeutic relationship. This finding is noticeable when category agreement is analyzed for respondents who reported some degree of dissatisfaction with the therapeutic relationship.

For example, in reference to the cross-tabulation table of satisfaction with the therapeutic relationship by satisfaction with concern shown by the therapist, of 14.3% of respondents who stated they were indifferent or mildly dissatisfied with their relationship with their therapist, 54.6% still said they were satisfied, to some degree, with the concern shown by their therapist. Additionally, of 2.6%

of respondents who stated they were very dissatisfied with their relationship with their therapist, 50.0% still said they were satisfied with their therapist's show of concern.

Similarly, 55.0% of respondents who stated they were indifferent or mildly dissatisfied with the therapeutic relationship said they were still satisfied, to some degree, with their therapist's help in sharing information openly and honestly. Further, of 2.6% of respondents who stated they were very dissatisfied with their relationship with their therapist, 100% said they were still satisfied with their therapist's help to share information.

With respect to satisfaction with the therapeutic relationship and satisfaction with therapist confidentiality, of 14.5% of respondents who said they felt indifferent or mildly dissatisfied with their relationship with their therapist, 0% reported any degree of dissatisfaction with their therapist's confidentiality. Almost 55.0% were satisfied with this therapist behavior variable, while 45.5% were very satisfied with it. Further, 50.0% of those who said they were very dissatisfied with their relationship with their therapist, said they were satisfied with their therapist's confidentiality.

Only 9.1% of respondents who stated they felt indifferent or mildly dissatisfied with their relationship with their therapist also said they felt indifferent or mildly dissatisfied with the respect shown to them by their

therapist. Fully 90.9% still said they were satisfied, to some degree, with the respect shown by their therapist. Additionally, 50.0% of respondents who said they were very dissatisfied with their relationship with their therapist said they were satisfied with the respect shown by their therapist.

Finally, with respect to the cross-tabulation between satisfaction with the therapeutic relationship and satisfaction with therapist permission to talk about things of importance, 54.5% of respondents who reported feeling indifferent or mildly dissatisfied with their relationship with their therapist said they felt satisfied with their therapist's permission to talk. Further, 50.0% of respondents who stated tney were very dissatisfied with their relationship with their therapist said they were satisfied with this therapist behavior variable.

While category agreement appears strongest among respondents who reported some degree of satisfaction with the therapeutic relationship, it is not perfect. Most often, category disagreement results from ratings of therapist behavior which are more favorable than ratings of the therapeutic relationship (i.e. clients often reported feeling satisfied with the therapeutic relationship but very satisfied with the therapist's behavior).

For example, 36.0% of respondents who said they were satisfied with the therapeutic relationship also said they

were satisfied with the respect shown by their therapist, while 64.0% of these respondents said they were very satisfied with the respect shown by their therapist.

Similar results are found for the therapist behavior variables concern shown, help to share information, confidentiality, and permission to talk about important things.

Cross-tabulation data for two therapist behavior variables (i.e. satisfaction with therapist's setting of expectations and help with most important problems) do not at first appear to follow the trends noted above. Category analysis for these two variables yields some interesting information.

First, only 35.9% of respondents who stated they were very satisfied with their relationship with their therapist also said they were very satisfied with their therapist's help in setting expectations. A larger percentage (61.5%) said they were satisfied with this therapist behavior variable.

This result seems affected by the marginal values present (i.e. only 23.4% of respondents stated they were very satisfied with their therapist's help in setting expectations, while 55.8% said they were satisfied with their therapist in this regard, which limits possible agreement for the very satisfied category).

Although few people were willing to say they were very satisfied with their therapist's help in understanding what to expect in therapy, 77.8% of those who did also said they were very satisfied with their relationship with their therapist.

Of 32.5% of respondents who reported being satisfied with their relationship with their therapist, a majority (68.0%) also said they were satisfied with their therapist's help in setting expectations for therapy.

Thus, upon closer inspection, category agreement for this therapist behavior variable appears quite good among respondents who felt satisfied to some extent with the therapeutic relationship.

In contrast to findings discussed thus far, category agreement for this therapist behavior variable is also good among respondents who reported dissatisfaction with the therapeutic relationship. Of 14.3% of respondents who said they felt indifferent or mildly dissatisfied with their relationship with their therapist, 63.6% felt the same way about the help their therapist gave them in understanding what to expect in therapy. Additionally, of 2.6% of respondents who stated they were very dissatisfied with their relationship with their therapist, 0% said they were very dissatisfied with their therapist's help in setting expectations, but 100% said they felt indifferent or mildly dissatisfied with this therapist behavior variable.

Similar findings relate to satisfaction with therapist help with most important problems. Only 30.8% of respondents who stated they were very satisfied with their relationship with their therapist also said they were very satisfied with their therapist's help with their most important problems. A larger percentage (61.5%) said they were satisfied with this therapist behavior variable.

Again, this result seems affected by marginal values present (i.e. only 19.7% of respondents said they were very satisfied with their therapist's help with most important problems, while 55.3% of respondents said they were satisfied with this therapist behavior variable).

Of 19.7% of respondents who stated they were very satisfied with their therapist's help in dealing with their most important problems, 80.0% also said they were very satisfied with their relationship with their therapist.

Thus, it seems clients were reluctant to say they were very satisfied with their therapist's help with most important problems but, most of those who did were also very satisfied with their relationship with their therapist.

Of 31.6% of respondents who stated they were satisfied with the therapeutic relationship, a majority (66.7%) also said they were satisfied with their therapist's help with their most important problems.

Again, category agreement for this therapist behavior variable is quite good among respondents who reported some degree of satisfaction with the therapeutic relationship.

Among respondents who were dissatisfied with the therapeutic relationship, category agreement is also strong. Of 14.5% of respondents who stated they felt indifferent or mildly dissatisfied with their relationship with their therapist, 54.5% also felt this way about their therapist's help with their most important problems. Interestingly, 27.3% felt very dissatisfied with this therapist behavior variable. Further, of 2.6% of respondents who stated they were very dissatisfied with their relationship with their therapist, 100% stated they were very dissatisfied with their therapist's help with their most important problems.

In sum, results show that (a) reported satisfaction with therapist behavior is often high, (b) significant, positive relationships exist between satisfaction with the therapeutic relationship and satisfaction with therapist behavior, (c) client satisfaction with therapist behavior is often greater than satisfaction with the therapeutic relationship, (d) very few clients report any dissatisfaction with the respect shown by their therapist or with their therapist's confidentiality, (e) clients are more willing to report dissatisfaction with their therapist's help in setting expectations for therapy and help with most important problems.

CHAPTER V

Discussion of Results

Satisfaction with Service

A methodologically sound measure of client satisfaction with family counselling service was sought in this study. Major steps taken to ensure this were (a) the use of a standardized measure of client satisfaction (i.e. the CSQ-8), (b) the attempt to improve response rate, and (c) the interviewing of nonresponders for possible response bias.

In this study, the mean scale score on the CSQ-8 was 24.66, suggesting respondents were mostly satisfied with family counselling received at the Family Service Association of Edmonton. Seventy-nine percent of respondents said they were satisfied or very satisfied with the service they received, while 21% reported some degree of dissatisfaction with service. While the level of satisfaction with service obtained in this study seems low in comparison to other studies of client satisfaction with counselling, the true meaning of this result awaits the development of adequate data norms specific to family counselling service.

Lower levels of reported client satisfaction with service might be typical of family counselling service. There is perhaps a risk in doing family counselling that clients will not be satisfied with service. People

typically do not think of their problems systemically and there could be a danger in introducing a systemic view. For example, if a child is brought to counselling by his parents because he or she is acting out, the parents may not readily understand that their marital problems support or maintain the child's acting out behavior. To immediately and/or directly focus therapy on this marital relationship is to risk client dissatisfaction with service. Therapists are reminded of the importance of working with the client's definition of the problem in a therapeutic way if clients are to be satisfied with service.

Given that 79% of respondents in this study reported satisfaction with service, it might be said that family therapy can be done in such a way as to yield high levels of client satisfaction with service (i.e. risks are minimized). However, one difficulty with this conclusion is that only 43% of respondents in this study received a systems modification treatment approach. Other approaches used were guidance and support, behavioral and cognitive therapy.

Although this study was not intended to determine family therapy efficacy, some interesting questions must be raised given the results of this study concerning client satisfaction with systems modification family therapy. Future research could address this issue.

The level of client satisfaction obtained in this study should also be discussed in relation to the fact that all respondents were primary clients. Two issues are pertinent.

First, primary clients are largely female. Unfortunately, this could have introduced a sex bias in the satisfaction results obtained in this study. Perhaps females were more willing to say they were satisfied with service than were males, yielding a high rate of reported satisfaction with service. This seems possible given that most North American females are exposed to cultural influences and sex role expectations that encourage them to be acquiescent, pleasing, and/or unhostile.

To further examine this theory, separate means for male and female respondents were calculated and a two-tailed pooled variance estimate t-test for difference between means was found to be significant ($p < .05$). Thus, the two means calculated appear significantly different.

However, the mean scale score on the CSQ-8 for males was 27.12, while for females it was 23.97. Thus, it seems that males in this study answered satisfaction items more favorably than did females. Thus, it cannot be argued that the negatively skewed distribution of CSQ-8 responses obtained in this study is a function of having predominantly female respondents. It seems that the level of satisfaction reported might have been higher had more males been sampled.

No research was found in the literature review conducted for this study to support a sex bias theory of client satisfaction. Future research certainly should investigate this topic in greater depth.

The second issue regarding the use of primary clients in this study concerns the possible bias of results due to lack of response from other family members. The person who first contacts the agency to arrange family counselling could be the member of the family most bothered or upset by the family problem. In turn, this person could be the one looking for change and could see change that has not in fact occurred. This person's satisfaction with service could be quite different, for many reasons, from the satisfaction felt by other members of the family.

From a systems point of view, it would be important to measure satisfaction with service felt by each family member. It would be interesting to investigate any differences of opinion found among family members who have been involved in family counselling. It would be useful to develop an instrument to measure family satisfaction with service and/or child satisfaction with service.

Other comments must be made regarding the rate of reported satisfaction with service obtained in this study. Many have criticized satisfaction surveys because of the negatively skewed distribution of client satisfaction results. Critics suggest that information obtained via

satisfaction surveys is valueless, or meaningless, because rates are invariably high (in this case the rate was 79% satisfied).

A prevalent argument put forth by critics of satisfaction surveys has been that only satisfied clients are willing to respond in client satisfaction studies. Yet, in this study, this theory was not confirmed. Nonresponders who were interviewed answered the CSQ-8 in a similar fashion to responders, suggesting the level of satisfaction with service among nonresponders was similar to that of responders.

In further defence of the level of satisfaction with service reported in this study, it should be noted that client reported change for the better in problems as a result of treatment was only slightly higher than client satisfaction with service. That is, 72.2% of respondents reported change for the better in their problems as a result of treatment and 79% of respondents reported some degree of satisfaction with the service they received.

Research has shown that improvement as a result of treatment can be expected in about 67% of clients seen. It seems the improvement rate of 72% obtained in this study is quite typical and would be accepted by psychotherapy outcome researchers. Why then, would a similarly high rate of client satisfaction with service be criticized, especially

if client perceived change in problems is considered a component of client satisfaction with service?

It is also of interest to note that the mean level of satisfaction obtained in this study did not approximate the maximum potential score on the CSQ-8 (i.e. did not approximate 32). In other words, not all respondents reported themselves to be highly satisfied with service received. In fact, among respondents who reported some degree of satisfaction, approximately half said they were satisfied and half said they were very satisfied. Thus, there appears to be some differentiation in the scores of those respondents who felt satisfaction with the service they received.

It is also important to note that, in this study, reported satisfaction was not unanimous. Twenty-one percent of respondents stated they were mildly or very dissatisfied with the service they received. The question must then be asked, "How much dissatisfaction is tolerable in a client satisfaction survey?" Should, as Lebow (1983a) suggests, counselling program evaluators become concerned if more than 10% of clients report dissatisfaction with service? Should this 10% figure be a criterion for family counselling service?

At present, these questions can only be answered very subjectively. Until methodologically sound client satisfaction data norms can be established for family

counselling programs, it cannot be known how much reported dissatisfaction with service is typical, nor how much is cause for concern.

Nonetheless, it may be interesting and worthwhile for program evaluators to explore possible factors associated with client dissatisfaction with service, however much dissatisfaction is reported. Decisions regarding program enhancement and development might more easily be derived from the comments made by dissatisfied clients than from those of satisfied clients.

Indeed, Larsen et al. (1979) maintain that the usefulness of client satisfaction data is enhanced if client dissatisfaction is studied.

However, the cost of implementing program changes and/or expanding program service in order to satisfy a very small group of clients (i.e. those who are currently dissatisfied with service) must be considered carefully. To justify cost, it might be asked if such changes would also benefit clients who are generally satisfied with service (i.e. encourage clients who are satisfied with service to become very satisfied with service).

In short, it seems appropriate to conclude that client satisfaction surveys are worth doing. Much criticism that is levied against client satisfaction research can be mitigated. The negatively skewed distribution of client

satisfaction results should not serve as a basis for rendering client satisfaction data valueless and/or useless.

Indeed, there is danger in taking the position that it is not worthwhile to collect client satisfaction data. Client feedback regarding service received is important to unbiased program evaluations and to the future provision of adequate service. Clients have the right to be provided with the opportunity to express satisfaction or dissatisfaction with service received.

Having made the point that client satisfaction surveys are worth doing, it must also be emphasized that client satisfaction data should not solely be relied upon in determining counselling program effectiveness. Even a methodologically sound measure of client satisfaction, interpreted using appropriate normative data, cannot alone provide program directors and administrators with the information they need to determine program effectiveness, to defend the spenditure of monies, and/or to make program change decisions.

Counselling program directors and administrators are to be commended for the various other ways they strive to evaluate service effectiveness and efficiency, such as calculating the cost of service to clients, the number of clients served, the number of program recommendations, etc.

The Correlates Studied

The Therapeutic Relationship

In this study, a strong positive relationship was found between satisfaction with service and satisfaction with the therapeutic relationship ($r = .65$, $p < .001$). Most clients who were satisfied with service were also satisfied with their relationship with their therapist and, the majority of clients dissatisfied with service were also dissatisfied with their relationship with their therapist.

Results of this study also show that, quite often, clients who are not completely satisfied with service rate their satisfaction with the therapeutic relationship highly.

It is possible that in addition to satisfaction with the therapeutic relationship, other factors enter into a client's rating of overall service received. If clients feel dissatisfied with any or all of these other factors, even though they feel satisfied with the therapeutic relationship, their overall rating of service may be low (especially if these other factors are of particular importance to the client).

It is also possible that clients rated their relationship with their therapist under a therapist halo effect. Given therapists' skill and ease in establishing rapport with clients, it seems plausible that clients are reluctant to be critical of their relationship with their

therapist, even if they feel somewhat dissatisfied with the service they received. This should serve to remind therapists of their moral and ethical obligations to the clients they serve.

A third explanation is that clients may find it easier to be negative about more general questionnaire items than to criticize more specific aspects of service delivery. If this were so, then global measures of client satisfaction would result in lower levels of reported client satisfaction than would measures of satisfaction with specific aspects of service delivery.

Furthermore, it is possible that while generally less willing to criticize specifics of service delivery, clients may be more willing to be negative about some specific aspects of service delivery than others. Satisfaction with the therapeutic relationship might be one specific aspect of service delivery that is not easily criticized, perhaps due to a therapist halo effect. Alternatively, clients may be less willing to criticize those specific aspects of service delivery for which they have greater influence on (i.e. their relationship with their therapist is, to some degree, of their own making).

It is interesting to note the fairly low correlations found between satisfaction with the therapeutic relationship and (a) satisfaction with treatment of the presenting

problem, and (b) client rating of global change in problems as a result of therapy ($r = .48$, $r = .46$, respectively).

It is possible that these correlations are attenuated to some unknown degree due to the fact that few respondents reported any dissatisfaction with their relationship with their therapist. Thus, any interpretations drawn from this finding should be viewed as hypotheses requiring further testing.

The lower correlations found between satisfaction with the therapeutic relationship and the two variables mentioned above could be further evidence of a therapist halo effect operating in this study.

A cross-tabulation of satisfaction with the therapeutic relationship by satisfaction with treatment of the presenting problem revealed that of 31.2% of respondents reporting some degree of dissatisfaction with treatment of their presenting problem, 58.3% also said they were satisfied to some degree with their relationship with their therapist.

A cross-tabulation of satisfaction with the therapeutic relationship by client global rating of change in problems as a result of therapy revealed that of 27.6% of respondents stating they experienced no change or change for the worse in their problems, 66.7% also stated they were satisfied, to some degree, with their relationship with their therapist.

Thus, several respondents feeling dissatisfied with the treatment of their presenting problem and/or experiencing no change or change for the worse in their problems did not criticize their relationship with their therapist.

Perhaps clients attributed lack of change or change for the worse in their problems to factors extraneous to the therapeutic relationship. This may have been done correctly if extraneous variables were in fact responsible, or incorrectly if a therapist halo effect was operating.

Since client satisfaction with treatment of the presenting problem is quite highly correlated with client rating of global change in problems ($r = .62$, $p < .001$), it seems possible that both variables involve the common element of client perceived change. Thus, perhaps clients who reported dissatisfaction with treatment of their presenting problem perceived no change or change for the worse in their problem but attributed factors extraneous to the therapeutic relationship as responsible for their dissatisfaction because of a therapist halo effect.

Client Rated Change

In this study, a fairly strong positive relationship was found between satisfaction with service and client rating of global change as a result of therapy ($r = .66$, $p < .001$). Most people who were satisfied with service reported experiencing overall change for the better in their problems

as a result of therapy. The majority of people dissatisfied with service reported no overall change in their problems as a result of therapy.

In this study, family therapy was generally not found to produce change for the worst, as perceived by the client. Only one of 76 respondents reported change for the worst as a result of therapy. However, because this study was not designed specifically to determine the effectiveness of family therapy, conclusions should not be drawn from this result. That is, with no control groups of no treatment and/or alternate treatment involved in this study, it is not appropriate to draw conclusions about the effectiveness of family therapy (Hazelrigg et al., 1987).

Results show that while people dissatisfied with service are most likely to experience no overall change in their problems, this is not necessarily so. A substantial number of people who were dissatisfied with service reported experiencing positive change in their problems.

Additionallly, approximately half of the people who reported experiencing no overall change in their problems still said they were satisfied with service. In fact, the one person reporting overall change for the worse in their problems still said they were satisfied with service received.

Thus, perhaps factors in addition to overall change in problems are responsible for clients' rating of service.

It is also possible that clients who experience no overall change in their problems but say they are satisfied with service have attributed lack of change in their problems to factors extraneous to service received. That is, if lack of change is seen by clients as resulting from factors other than the availability, adequacy or appropriateness of service, then clients may not report dissatisfaction with service.

While it is possible that clients did not attribute lack of overall change in their problems to poor service when they should have, it is also possible that clients correctly perceived factors extraneous to service that were responsible for the lack of overall change in their problems.

In light of previous research findings showing that client ratings of global change are more strongly related to satisfaction with service than are client ratings of specific change, it is interesting to view the results of the present study.

Unlike the study conducted by Attkisson and Zwick (1982), which was the only study found describing the derivation of client rated global improvement, the client global rating of change in problems obtained in this study was derived by averaging client specific ratings of change. Attkisson and Zwick (1982) simply asked clients, in a single question, how much change they have experienced overall in

their problems to derive client global rating of change in problems.

In this study, the correlation between satisfaction and client rated global change was much stronger than that obtained by Attkisson and Zwick (1982).

Despite the method used for deriving client rated global change in this study, results support findings reported by other investigators who have concluded the relationship between client rating of global change and satisfaction with service is a strong one (i.e. Larsen et al., 1979; Willer and Miller, 1978).

Treatment of the Problem

A very strong positive relationship was found between satisfaction with service and satisfaction with treatment of the presenting problem ($r = .76$, $p < .001$). Most people satisfied with service were also satisfied with the treatment of their presenting problem and most people who reported dissatisfaction with service also reported dissatisfaction with the treatment of their presenting problem.

Most noticeable was the finding that few respondents were willing to say they were very satisfied with treatment of their presenting problem. Thus, while respondents were quite willing to say they were very satisfied with their relationship with their therapist and over half of all

respondents stated they experienced overall change for the better in their problems, respondents appeared more critical of the treatment of their presenting problem.

This provides some support for the explanation proposed earlier that suggested clients may be more willing to be critical about some specific aspects of service delivery than others. Perhaps clients are willing to be critical of the treatment of their presenting problem because they feel they have little influence on this variable.

Also interesting was the finding that a substantial number of people who were dissatisfied to some degree with the treatment of their presenting problem were still satisfied with service. Again, this could mean that more than one factor is involved in client rating of service.

Summary of Relationships

Results of this study show that client satisfaction with service is related to client satisfaction with the therapeutic relationship, client rating of global change, and client satisfaction with treatment of the presenting problem. It should be noted that the correlations obtained between these variables could have been much stronger if response choices on the utilized questionnaire had extended beyond the 1-4 choice categories.

Future research could take the form of a regression analysis to determine the variables most predictive of client satisfaction with service.

As well, future research should aim to explore the relationship between client satisfaction with service and variables other than the ones investigated in this study.

The Therapeutic Relationship

Results of the present study show that overwhelming numbers of clients reported being satisfied, to some degree, with the various therapist behavior variables queried about. Perhaps clients find therapist behavior difficult to judge. Out of uncertainty, they may decide to rate each behavior positively since they have no reason to do otherwise.

The value of surveying clients in regard to satisfaction with specific therapist behaviors must be weighed against the cost of doing so. It appears that most respondents tend to answer such items quite positively and any intention to use such items to evaluate the performance of specific clinicians appears forfeitable. Add to this the cost of lengthening a questionnaire and possibly discouraging or frustrating respondents, and the choice to eliminate such queries appears reasonable.

Satisfaction with all therapist behavior variables studied was significantly and positively correlated to satisfaction with the therapeutic relationship. In general,

it appears that satisfaction with therapist behavior is associated with satisfaction with the therapeutic relationship.

However, causal conclusions cannot be drawn. It may be that satisfaction with the therapist's behavior causes satisfaction with the therapeutic relationship, or, it could be that satisfaction with the therapeutic relationship causes clients to perceive therapists' behaviors positively. Alternatively, a third variable may be the cause of both satisfaction with the therapeutic relationship and satisfaction with the therapist's behavior (eg. previous exposure to a therapist).

It is important to note that all of the correlations calculated between satisfaction with the therapeutic relationship and satisfaction with various therapist behaviors probably underestimate the true relationship between these variables. This would also be true of the correlations obtained between the various therapist behavior variables. Most likely, these correlations have been attenuated by range restriction on the variables.

Cross-tabulation data show that clients who reported being dissatisfied with their relationship with their therapist often said they were satisfied with their therapist's behavior.

Factors other than therapist behavior could be important to clients in rating their satisfaction with the

therapeutic relationship (eg. appearance, voice tone, demographic characteristics, etc.). Future research could investigate this topic.

The therapist halo effect theory might also explain cross-tabulation findings. Perhaps clients who were somewhat dissatisfied with their relationship with their therapist found reasons other than what their therapist did to account for their dissatisfaction (i.e. perhaps they blamed themselves or some member of their family for their dissatisfying therapeutic relationship).

Conclusion

Future research investigating client satisfaction with counselling service should be aimed at, (a) establishing satisfaction data norms for various treatment approaches, various types of counselling settings, and various client populations; and (b) providing theoretical research of client satisfaction with family counselling service. Investigations of client satisfaction could be experimental in nature, adding more sophistication to the satisfaction research literature.

The present study has been accomplished to stimulate theorizing and future research in the area of client satisfaction with family counselling.

References

Attkisson, C.C., & Zwick, R. (1982). The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. Evaluation and Program Planning, 5, 233-237.

Balch, P., Ireland, J., McWilliams, S., & Lewis, S. (1977). Client expectations of community mental health services. American Journal of Community Psychology, 5, 243-247.

Barrett-Lennard, G.T. (1962). Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 76, 1-36.

Bergin, A.E., & Jasper, L.G. (1969). Correlates of empathy in psychotherapy: A replication. Journal of Abnormal Psychology, 74, 477-481.

Bergin, A.E., & Lambert, M.J. (1978). The evaluation of therapeutic outcomes. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (pp. 139-189). New York: John Wiley and Sons.

Beutler, L.E., Johnson, D.T., Neville, C.W., Jr., & Workman, S.N. (1973). Some sources of variance in accurate empathy ratings. Journal of Consulting and Clinical Psychology, 40, 167-169.

Borg, W.R. & Gall, M.D. (1983). Educational research: An introduction (4th ed.). New York: Longman.

DeBrey, H. (1983). A cross-national validation of the Client Satisfaction Questionnaire: The Dutch experience. Evaluation and Program Planning, 6, 395-400.

Denner, B., & Halprin, F. (1974a). Clients and therapists evaluate clinical services. American Journal of Community Psychology, 2, 373-378.

Denner, B., & Halprin, F. (1974b). Measuring consumer satisfaction in a community outpost. American Journal of Community Psychology, 2, 13-22.

Derogatis, L.R., Lipman, R.S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale (preliminary report). Psychopharmacology Bulletin, 9, 13-28.

Edwards, D.W., Yarvis, R.M., Mueller, D.P., & Langsley, D.G. (1978). Does patient satisfaction correlate with success? Hospital and Community Psychiatry, 29, 188-190.

Eisenthal, S., & Lazare, A. (1976). Evaluation of the initial interview in a walk-in clinic. Journal of Nervous and Mental Disease, 162, 169-176.

Essex, D., Fox, J., & Groom, J. (1981). The development, factor analysis, and revision of a client satisfaction form. Community Mental Health Journal, 17, 226-235.

Fahs Beck, D. & Jones, M. (1980). How to conduct a client follow-up study (2nd ed.). New York: Family Service Association of America.

Fiester, A.R. (1979). Goal attainment and satisfaction scores for CMHC clients. American Journal of Community Psychology, 7, 181-188.

Frank, R., Salzman, K. & Fergus, E. (1977). Correlates of consumer satisfaction with outpatient therapy assessed by postcards. Community Mental Health Journal, 13, 37-45.

Fromm-Reichman, F. (1960). Principles of intensive psychotherapy. Chicago: Phoenix.

Garfield, S.L. (1978). Research on client variables in psychotherapy. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (pp. 191-232). New York: John Wiley and Sons.

Goldstein, A.P. (1973). Psychotherapeutic attraction. New York: Pergamon Press.

Gurman, A. (1977). The patient's perception of the therapeutic relationship. In A.S. Gurman & A.M. Razin (Eds.), Effective psychotherapy: A handbook of research (pp. 503-543). New York: Pergamon Press.

Gurman, A. & Kniskern, D. (1978). Research in marital and family therapy: Progress, perspective, and prospect. In S.L. Garfield & A.E. Bergin (Eds.) Handbook of psychotherapy and behavior change: An empirical analysis (pp. 817-901). New York: John Wiley and Sons.

Gutek, B.A. (1978). Strategies for studying client satisfaction. Journal of Social Issues, 34, 44-56.

Hart, W., & Bassett, L. (1975). Measuring consumer satisfaction in a community mental health center. Hospital and Community Psychiatry, 26, 512-515.

Hazelrigg, M.D., Cooper, H.M., & Borduin, C.M. (1987). Evaluating the effectiveness of family therapies: An integrative review and analysis. Psychological Bulletin, 101, 428-442.

Johnson, M. (1976). An approach to feminist psychotherapy. Psychotherapy: Theory, Research, and Practice, 13, 72-76.

Justice, B. & McBee, G. (1978). A client satisfaction survey as one element in evaluation. Community Mental Health Journal, 14, 248-252.

Kirchner, J.H. (1981). Patient feedback on satisfaction with direct services received at a community mental health center: A two year study. Psychotherapy: Theory, Research, and Practice, 18, 359-364.

Kirchner, J.H. (1982). Patient feedback on satisfaction with direct services received at a community mental health center: A partial replication. Psychotherapy: Theory, Research, and Practice, 19, 43-47.

Kirchner, J.H., & Hogan, R.A. (1982). Patient feedback at a community mental health center: Year 3. Professional Psychology, 13, 431-438.

Larsen, D., Attkisson, C., Hargreaves, W., & Nguyen, T. (1979). Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2, 197-207.

Lebow, J.L. (1983a). Research assessing consumer satisfaction with mental health treatment: A review of findings. Evaluation and Program Planning, 6, 211-236.

Lebow, J.L. (1983b). Similarities and differences between mental health and health care evaluation studies assessing consumer satisfaction. Evaluation and Program Planning, 6, 237-245.

Lehman, A.F. & Zastowny, T.R. (1983). Patient satisfaction with mental health services: A meta-analysis to establish norms. Evaluation and Program Planning, 6, 265-274.

LeVois, M., Nguyen,T., & Attkisson, C. (1981). Artifact in client satisfaction assessment: Experience in community mental health settings. Evaluation and Program Planning, 4, 139-150.

Love, R.E., Caid, C.D., & Davis, A. (1979). The user satisfaction survey: Consumer evaluation of an inner city community mental health center. Evaluation and the Health Profession, 2, 42-54.

McPhee, C.B., Zusman, J., & Joss, R.H. (1975). Measurement of patient satisfaction: A survey of practices in community mental health centers. Comprehensive Psychiatry, 16, 399-404.

Minuchin, S. & Fishman, H. (1981). Family therapy techniques. Cambridge, Mass: Havard.

Mitchell, K.M., Bozarth, J.D., & Krauft, C.C. (1977). A reappraisal of the therapeutic effectiveness of accurate empathy, nonpossessive warmth, and genuineness. In A.S. Gurman & A.M. Razin (Eds.), Effective psychotherapy: A handbook of research (pp. 482-502). New York: Pergamon Press.

Nguyen, T.D., Attkisson, C.C. & Stegner, B.L. (1983). Assessment of patient satisfaction: Development and refinement of a service evaluation questionnaire. Evaluation and Program Planning, 6, 299-314.

Orlinsky, D.E., & Howard, K.I. (1978). The relation of process to outcome in psychotherapy. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (pp. 283-329). New York: John Wiley and Sons.

Orne, M.T. (1969). Demand characteristics and the concept of quasi-controls. In R. Rosenthal and R.L. Rosnow (Eds.), Artifact in behavioral research (pp. 143-179). New York: Academic Press.

Palazzoli, M.S., Boscolo, L., Cecchin, G. & Prata, G. (1978). Paradox and counterparadox. New York: Jason Aronson.

Roberts, R.E., & Attkisson, C.C. (1983). Assessing client satisfaction among Hispanics. Evaluation and Program Planning, 6, 401-413.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 95-103.

Schiller, L.J. (1976). A comparative study of the differences between client continuers and dropouts at two university counselling centers. Journal of Counselling Psychology, 23, 99-102.

Silverman, W., & Beech, R. (1979). Are dropouts, dropouts? Journal of Community Psychology, 7, 236-242.

Slater, V., Linn, M.W., & Harris, R. (1981). Outpatient evaluation of mental health care. Southern Medical Journal, 74, 1217-1219.

Slater, V., Linn, M.W., & Harris, R. (1982). A satisfaction with mental health treatment scale. Comprehensive Psychiatry, 23, 68-74.

Strupp, H.H. (1977). A reformulation of the dynamics of the therapist's contribution. In A.S. Gurman & A.M. Razin (Eds.), Effective psychotherapy: A handbook of research (pp. 3-22). New York: Pergamon Press.

Strupp, H.H., Wallach, M.L., & Wogan, M. (1964). The psychotherapy experience in retrospect: A questionnaire survey of former patients and their therapists. Psychological Monographs, 78, 11.

Sullivan, H.S. (1961). The psychiatric interview. New York: Norton.

Truax, C.B., & Carkhuff, R.R. (1967). Toward effective counseling and psychotherapy. Chicago: Aldine.

Ware, J.E., JR. (1981). How to survey patient satisfaction. Drug Intelligence and Clinical Pharmacy, 15, 892-899.

Ware, J.E., JR., & Davies, A.R. (1983). Behavioral consequences of consumer dissatisfaction with medical care. Evaluation and Program Planning, 6, 291-297.

Ware. J.E., JR., Snyder, M.K., Wright, W.R., & Davies, A.R. (1983). Defining and measuring patient satisfaction with medical care. Evaluation and Program Planning, 6, 247-263.

Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). Change: Principles of problem formation and problem resolution. New York: W.W. Norton and Co.

Willer, R.B., & Miller, G.H. (1978). On the relationship of client satisfaction to client characteristics and outcome of treatment. Journal of Clinical Psychology, 34, 157-160.

Wilson, G.T. & Evans, I.M. (1977). The therapist-client relationship in behavior therapy. In A.S. Gurman & A.M. Razin (Eds.), Effective psychotherapy: A handbook of research (pp. 544-565). New York: Pergamon Press.

Woodward, S., Santa-Barbara, J., Levin, S. & Epstein, N. (1978). Aspects of consumer satisfaction with brief family therapy. Family Process, 17, 399-407.

Zusman, J. & Slawson, M.R. (1972). Service quality profile: Development of a technique for measuring quality of mental health services. Archives of General Psychiatry, 27, 692-698.

APPENDIX A

Description of FSAE

History of the Family Service Association of Edmonton

The following information was taken from the Family Service Association of Edmonton's service accreditation manual.

The history of the Family Service Association of Edmonton begins with a survey, conducted in 1929, of social services provided in the city of Edmonton. It was undertaken by the Right Reverend H.A. Gray, Mr. J. Howard, Mr. T. Falk, and Miss Marjory Bradford. Results indicated that an organization was needed to help families overcome the problems that threatened (a) their ability to be independent, and (b) to break up their homes. Three organizations were subsequently formed to meet this need: the Family Welfare Bureau, the Catholic Welfare Bureau, and the Edmonton Emergency Welfare Association.

In 1939, the Council of Social Agencies was formed and acted as a central council and co-ordinating service for all welfare agencies in Edmonton. At the time, there were 55 such agencies.

In January, 1942, the Catholic Welfare Bureau and the Family Welfare Bureau amalgamated but kept the name the Family Welfare Bureau. In that same year, the Family Welfare Bureau separated from the Council of Social

Agencies, found independent housing, and became a member of the Community Chest of Edmonton and Area (now known as the United Way of Edmonton and Area).

During the 1940's, the Family Welfare Bureau was committed to providing marriage, family and child counselling and offered supplementary social assistance programs not covered by the government.

On February 28, 1944, the Family Welfare Bureau was incorporated under the Society's Branch of the Provincial Government.

During the war, the agency assumed a major role in assisting servicemen and their families in coping with problems arising from war time mobility.

With the end of the war and the concurrent extension of government social assistance programs, the goals and purpose of the Family Welfare Bureau fell into disarray. The agency lost its direction.

The focus of the Family Service Bureau was not clarified until 1946, when the agency undertook the development and administration of an Emergency Homemaker Service.

On July 14, 1949, the name of the agency was officially changed to the Edmonton Family Service Bureau.

During the 1950's, the agency once again began to focus on marriage and family counselling, parent-child counselling, and individual counselling. Family life

education and social action were also seen as a responsibility of the agency. The organizational structure of the agency was also redesigned to include the appointment of a professionally qualified executive director and citizen participation on committees.

In 1959, the Edmonton Family Service Bureau defined its purpose as (a) strengthening family life, (b) preventing family breakdown, and, (c) assisting families in the greater Edmonton community to improve their general life circumstances.

Also in 1959, the United Community Fund (formerly known as the Community Chest of Edmonton and Area) demanded an objective appraisal of the Edmonton Family Service Bureau. The resulting report was very favorable, "citing the agency as the most thorough and accountable welfare operation in the city."

In 1960, the Edmonton Family Service Bureau became a member of the Family Service Association of America and in 1965, the agency was renamed the Family Service Association of Edmonton.

During the 1960's and 1970's, the agency negotiated several contracts outside of their agreement with the United Community Fund. The Family Service Association of Edmonton greatly expanded its service to the community and in 1979, the agency received accreditation through the Council on Accreditation of Services for Families and Children.

To date, the Family Service Association of Edmonton is committed to serving families in the Edmonton area.

Current Mission and Purpose of FSAE

The following information was taken from the Family Service Association of Edmonton's Counselling Program policy and procedures manual.

> The Association's mission is to promote stable family life in the community. The Association recognizes that today's stable, loving family is the source of tomorrow's creative, productive citizen. With this understanding, the Association adopts the following statements of purpose:
>
> - to help couples establish satisfying, long-term relationships;
>
> - to help parents in their responsibility for nurturing and guiding their children;
>
> - to help families participate in the life of their surrounding community;
>
> - to help local communities create a supportive environment for their families;
>
> - to help legislators and policy makers in framing laws and policies that support the dignity of

individuals and the strength of the family as a source of growth and support for all its members". (p. 1)

Organizational Structure of FSAE

Currently, seven programs are operated by the Family Service Association of Edmonton: (a) the Advocacy Program, (b) the Counselling Program, (c) the Family Development Program, (d) the Homemaker Program, (e) the Parent-Aide Program, (f) the Volunteer Program, and (g) the Employee-Assistance Program.

Each program is headed by a Program Director. The Executive Director oversees all programs and the operation of the agency as a whole. A Board of Directors, composed of citizens in the Edmonton area, completes the organizational structure of the Family Service Association of Edmonton.

Description of the Counselling Program FSAE

The following information was taken from the Family Service Association of Edmonton's Counselling Program policy and procedures manual.

Program Goals.

The Family Service Association of Edmonton's Counselling Program operates in accordance with the following program goals:

- to direct people seeking help to the appropriate service;

- to help people identify their personal and family resources, to find constructive resolutions to their difficulties, to increase their repetoire of interpersonal skills;

- to assist service agencies in their service to families and to help service agencies to broaden their repetoire of helping skills;

- to provide students with intern opportunities on how to conduct individual, marriage and family counselling. (p. 4)

Target Population.

The program is directed toward assisting people who are concerned with personal, marriage or family problems ... More specifically, the Counselling Program Targets the following groups:

- people who want information by telephone about what community services may be available and appropriate for them;

- families, couples and individuals who believe their family or other personal relationships should be more satisfying;

- community agencies interested in using our potential to deliver benefits to their clients through a consultation process;

- students working towards a Master Degree in Psychology, Social Work or a related discipline. (p. 4)

Program Activites.

The stated program activites for the Family Service Association of Edmonton's Counselling Program are:

- Professional assessment of service requests; referral to community services ...

- Marriage, family, individual and group therapy. Qualified therapists will meet with families, couples and individuals to assist them ...

- Consultation with community service agencies ...

- Practical instruction in psychosocial methods of helping people. A senior counsellor will assign FSAE counselling cases to a student and supervise the student's work .... (p. 4)

APPENDIX B

Cover Letter Used in Client Survey

Family Service Association of Edmonton wants to find out how the families and individuals we have worked with feel about our service. Since you have recently been involved with our agency, we would like to ask you about your experience with us. This is your opportunity to report whether you received what you expected and needed when you came to Family Service and whether or not we helped you work out your difficulties. Your comments will be studied carefully, along with those of many others, in order that we may continue to improve our services.

Enclosed you will find a questionnaire designed to help you give us the valuable information we need to best serve those who come to us for help in the future. We know that completing this questionnaire will take some of your time and will involve your sharing some private thoughts and opinions with us. However, your opinions are of great importance and, we assure you, your reply will be held in **strictest confidence.** Your name will not be attached to your answers, so we invite your honest response. The number which appears at the top of your questionnaire is there only to help us keep track of which questionnaires have been returned.

To make it easier for you to mail us your completed questionnaire, we are including an envelope that is already stamped and addressed. If you have any questions or need assistance in completing your questionnaire, please call our agency at **423-2831** and ask to speak to **Carolyn.**

Thank you for your time.

Yours sincerely,

John L. Lewis, M.S.W.
Director, Counselling Program

JLL/smr
Encl.

APPENDIX C

Client Satisfaction Questionnaire-8

Please help us improve our Program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. **Please answer all of the questions.** We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you have received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our Program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our Program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our Program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

APPENDIX D

FSAE Questionnaire

9. a) What was the most important problem that brought you to Family Service?

_____

_____

_____

_____

_____

b) How satisfied were you in dealing with this problem?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

10. How satisfied were you with:

a) the concern shown by your therapist?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

b) the degree to which your therapist helped you understand what to expect in therapy?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

c) the degree to which your therapist helped you to feel free to share all information openly and honestly?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

d) the degree to which your therapist helped you to feel that all information would be kept confidential?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

e) the degree to which your therapist treated you with respect?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

f) the degree to which your most important problems were worked on?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

g) the degree to which your therapist allowed you to talk about everything you thought was important?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

h) the degree to which you were satisfied with your relationship with your therapist?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

11. Was there anything that your therapist did or said that you felt was perhaps **not helpful** to yourself or your family?

1	2
Yes	No

If yes, please explain:

_____

_____

_____

12. Was there anything that your therapist did or said that you felt was **particularly helpful** to yourself or your family?

1	2
No	Yes

If yes, please explain:

_____

_____

_____

PART II

Indicate whether you strongly agree, agree, disagree or strongly disagree with the following statements.

CIRCLE YOUR ANSWER

1. Distance to Family Service was a problem for me and/or my family:

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

2. Parking was a problem for me and/or my family:

4	3	2	1
Strongly disagree	Disagree	Agree	Strongly agree

3. Availability of appointment times was a problem for me and/or my family:

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

4. The location of Family Service was a problem for me and/or my family:

4	3	2	1
Strongly disagree	Disagree	Agree	Strongly agree

5. Fees were a problem for me and/or my family:

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

6. The waiting list was a problem for me and/or my family:

4	3	2	1
Strongly disagree	Disagree	Agree	Strongly agree

7. Did you and/or your family experience any other problems with Family Service not already mentioned?

1	2
Yes	No

If yes, please explain: _____

_____

8. Why did you stop going to Family Service? _____

PART III

Below is a list of problems people often have when they come to Family Service. For each item listed below, check ( ) if it was or was not a problem for you or your family when you came to Family Service. Then, **for those items you checked as a problem**, circle the one number that indicates how much you feel the problem has changed because of your counselling experience.

	Check ( )		Circle Your Answer				
	Was A Problem	Was Not A Problem	Much Better	A Little Better	No Change	A Little Worse	Much Worse
Handling arguments	( )	( )	5	4	3	2	1
Handling differences	( )	( )	5	4	3	2	1
Discussing problems together	( )	( )	5	4	3	2	1
Sharing feelings	( )	( )	5	4	3	2	1
Understanding self	( )	( )	5	4	3	2	1
Accepting self	( )	( )	5	4	3	2	1
Getting along sexually	( )	( )	5	4	3	2	1
Getting along without pushing, hitting, slapping, etc.	( )	( )	5	4	3	2	1
Dealing with loss	( )	( )	5	4	3	2	1
Dealing with change	( )	( )	5	4	3	2	1
Attending to others' needs	( )	( )	5	4	3	2	1
Accepting others	( )	( )	5	4	3	2	1
Getting along with friends, relatives, neighbors, co-workers	( )	( )	5	4	3	2	1
Increasing independence	( )	( )	5	4	3	2	1
Increasing intimacy	( )	( )	5	4	3	2	1
Dealing with behavioral problem	( )	( )	5	4	3	2	1
Dealing with emotional problem	( )	( )	5	4	3	2	1
Other : _____			5	4	3	2	1

We welcome any additional comments you may have about your experience with Family Service.

_____

_____

_____

_____

_____

_____

Thank you for your answers!

Please return to:

FAMILY SERVICE ASSOCIATION OF EDMONTON
Main Floor, Commonwealth Building
9912 - 106th Street
Edmonton, Alberta
T5K 1C5

C/O Carolyn Robinson-Donnelly

APPENDIX E

Cross-tabulations for the Correlates of Satisfaction with Service

Satisfaction with Service by Satisfaction with the Therapeutic Relationship:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	SATTHER 1	2	3	4	Row Total
SATSERV					
1	0 .0 .0% .0% .0%	0 .1 .0% .0% .0%	1 .3 100% 4.0% 1.3%	0 .5 .0% .0% .0%	1 1.3%
2	1 .4 6.7% 50.0% 1.3%	8 2.1 53.3% 72.7% 10.4%	4 4.9 26.7% 16.0% 5.2%	2 7.6 13.3% 5.1% 2.6%	15 19.5%
3	1 .8 3.2% 50.0% 1.3%	3 4.4 9.7% 27.3% 3.9%	14 10.1 45.2% 56.0% 18.2%	13 15.7 41.9% 33.3% 16.9%	31 40.3%
4	0 .8 .0% .0% .0%	0 4.3 .0% .0% .0%	6 9.7 20.0% 24.0% 7.8%	24 15.2 80.0% 61.5% 31.2%	30 39.0%
Column Total	2 2.6%	11 14.3%	25 32.5%	39 50.6%	77 100%

Positive Relationship:

Of 79.3% of respondents who stated they were satisfied with service, 93.4% also stated they were satisfied with their relationship with their therapist.

Of 20.8% of respondents who stated they were dissatisfied with service, a majority (56.3%) also said they were dissatisfied with their relationship with their therapist.

Satisfaction with Service by Client Rating of Global Change:

Count Exp Val Row Pct Col Pct Tot Pct	CHANGE 1	2	3	Row Total
SATSERV				
1	0 .0 .0% .0% .0%	1 .3 100% 5.0% 1.3%	0 .7 .0% .0% .0%	1 1.3%
2	0 .2 .0% .0% .0%	10 3.7 71.4% 50.0% 13.2%	4 10.1 28.6% 7.3% 5.3%	14 18.4%
3	1 .4 3.2% 100% 1.3%	8 8.2 25.8% 40.0% 10.5%	22 22.4 71.0% 40.0% 28.9%	31 40.8%
4	0 .4 .0% .0% .0%	1 7.9 3.3% 5.0% 1.3%	29 21.7 96.7% 52.7% 38.2%	30 39.5%
Column Total	1 1.3%	20 26.3%	55 72.4%	76 100%

Positive Relationship:

Of 80.3% of respondents who reported satisfaction with service, 83.6% also reported experiencing change for the better in their problems as a result of therapy.

Of 19.7% of respondents who felt dissatisfied with service, 73.3% also reported experiencing no change in their problems as a result of therapy.

Satisfaction with Service by Satisfaction with Treatment of the Presenting Problem:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	PROBLEM 1	2	3	4	Row Total
	1 .1 100% 10.0% 1.3%	0 .2 .0% .0% .0%	0 .6 .0% .0% .0%	0 .1 .0% .0% .0%	1 1.3%
2	6 1.9 40.0% 60.0% 7.8%	9 2.7 60.0% 64.3% 11.7%	0 8.4 .0% .0% .0%	0 1.9 .0% .0% .0%	15 19.5%
3	3 4.0 9.7% 30.0% 3.9%	5 5.6 16.1% 35.7% 6.5%	22 17.3% 71.0% 51.2% 28.6%	1 4.0 3.2% 10.0% 1.3%	31 40.3%
4	0 3.9 .0% .0% .0%	0 5.5 .0% .0% .0%	21 16.8 70.0% 48.8% 27.3%	9 3.9 30.0% 90.0% 11.7%	30 39.0%
Column Total	10 13.0%	14 18.2%	43 55.8%	10 13.0%	77 100%

Positive Relationship:

Of 79.3% of respondents who stated they were satisfied with service, 86.9% also said they were satisfied with treatment of their presenting problem.

Of 20.8% of respondents who reported dissatisfaction with service, 100% also said they felt some dissatisfaction with treatment of their presenting problem.

APPENDIX F

Cross-tabulations for the Correlates of Relationship Satisfaction

Satisfaction with the Therapeutic Relationship by Satisfaction with Concern Shown by Therapist:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	CONCERN 1	2	3	4	Row Total
SATTHER					
1	1 .1 50.0% 50.0% 1.3%	0 .1 .0% .0% .0%	1 .7 50.0% 3.6% 1.3%	0 1.1 .0% .0% .0%	2 2.6%
2	1 .3 9.1% 50.0% 1.3%	4 .7 36.4% 80.0% 5.2%	4 4.0 36.4% 14.3% 5.2%	2 6.0 18.2% 4.8% 2.6%	11 14.3%
3	0 .6 .0% .0% .0%	1 1.6 4.0% 20.0% 1.3%	17 9.1 68.0% 60.7% 22.1%	7 13.6 28.0% 16.7% 9.1%	25 32.5%
4	0 1.0 .0% .0% .0%	0 2.5 .0% .0% .0%	6 14.2 15.4% 21.4% 7.8%	33 21.3 84.6% 78.6% 42.9%	39 50.6%
Column Total	2 2.6%	5 6.5%	28 36.4%	42 54.5%	77 100%

Positive Relationship:

Of 83.1% of respondents who reported being satisfied with the therapeutic relationship, 98.4% also said they were satisfied with the concern shown by their therapist.

Of 16.9% of respondents who stated they were dissatisfied with the therapeutic relationship, 46.2% also reported being dissatisfied with the concern shown by their therapist.

Satisfaction with the Therapeutic Relationship by Satisfaction with Therapist's Help in Setting Expectations:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	EXPECT 1	2	3	4	Row Total
SATTHER 1	0 .1 .0% .0% .0%	2 .4 100% 14.3% 2.6%	0 1.1 .0% .0% .0%	0 .5 .0% .0% .0%	2 2.6%
2	2 .3 18.2% 100% 2.6%	7 2.0 63.6% 50.0% 9.1%	2 6.1 18.2% 4.7% 2.6%	0 2.6 .0% .0% .0%	11 14.3%
3	0 .6 .0% .0% .0%	4 4.5 16.0% 28.6% 5.2%	17 14.0 68.0% 39.5% 22.1%	4 5.8 16.0% 22.2% 5.2%	25 32.5%
4	0 1.0 .0% .0% .0%	1 7.1 2.6% 7.1% 1.3%	24 21.8 61.5% 55.8% 31.2%	14 9.1 35.9% 77.8% 18.2%	39 50.6%
Column Total	2 2.6%	14 18.2%	43 55.8%	18 23.4%	77 100%

Positive Relationship:

Of 83.1% of respondents who stated they were satisfied with the therapeutic relationship, 92.2% also said they were satisfied with their therapist's help in understanding what to expect in therapy.

Of the 16.9% of respondents who stated they were dissatisfied with the therapeutic relationship, 84.6% also stated they were dissatisfied with the help their therapist gave them in understanding what to expect in therapy.

Satisfaction with the Therapeutic Relationship by Satisfaction with Therapist Help to Share Information:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	SHARE 1	2	3	4	Row Total
SATTHER					
1	0 .1 .0% .0% .0%	0 .1 .0% .0% .0%	2 .8 100% 6.5% 2.6%	0 1.0 .0% .0% .0%	2 2.6%
2	1 .3 9.1% 50.0% 1.3%	4 .7 36.4% 80.0% 5.3%	5 4.5 45.5% 16.1% 6.6%	1 5.5 9.1% 2.6% 1.3%	11 14.5%
3	0 .6 .0% .0% .0%	1 1.6% 4.2% 20.0% 1.3%	16 9.8 66.7% 51.6% 21.1%	7 12.0 29.2% 18.4% 9.2%	24 31.6%
4	1 1.0 2.6% 50.0% 1.3%	0 2.6 .0% .0% .0%	8 15.9 20.5% 25.8% 10.5%	30 19.5 76.9% 78.9% 39.5%	39 51.3%
Column Total	2 2.6%	5 6.6%	31 40.8%	38 50.0%	76 100%

Positive Relationship:

Of 82.9% of respondents who stated they were satisfied with the therapeutic relationship, 96.8% also stated they were satisfied with their therapist's help to share information openly and honestly.

Of 17.1% of respondents who reported dissatisfaction with the therapeutic relationship, 38.5% also said they were dissatisfied with their therapist's help to share information openly and honestly.

Satisfaction with the Therapeutic Relationship by Satisfaction with Therapist Confidentiality:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	CONFID 1	2	3	4	Row Total
SATTHER 1	0 .1 .0% .0% .0%	1 .0 50.0% 100% 1.3%	1 .5 50.0% 5.3% 1.3%	0 1.4 .0% .0% .0%	2 2.6%
2	0 .3 .0% .0% .0%	0 .1 .0% .0% .0%	6 2.8 54.5% 31.6% 7.9%	5 7.8 45.5% 9.3% 6.6%	11 14.5%
3	1 .6 4.2% 50.0% 1.3%	0 .3 .0% .0% .0%	11 6.0 45.8% 57.9% 14.5%	12 17.1 50.0% 22.2% 15.8%	24 31.6%
4	1 1.0 2.6% 50.0% 1.3%	0 .5 .0% .0% .0%	1 9.8 2.6% 5.3% 1.3%	37 27.7 94.9% 68.5% 48.7%	39 51.3%
Column Total	2 2.6%	1 1.3%	19 25.0%	54 71.1%	76 100%

Positive Relationship:

Of 82.9% of respondents who reported satisfaction with the therapeutic relationship, 96.8% said they were also satisfied with their therapist's assurance of confidentiality.

Of 17.1% of respondents who stated they were dissatisfied with the therapeutic relationship, 7.7% also said they were dissatisfied with their therapist's assurance of confidentiality.

Satisfaction with the Therapeutic Relationship by Satisfaction with Respect Shown by Therapist:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	RESPECT 1	2	3	4	Row Total
SATTHER 1	1 .1 50.0% 50.0% 1.3%	0 .0 .0% .0% .0%	1 .4 50.0% 6.3% 1.3%	0 1.5 .0% .0% .0%	2 2.6%
2	0 .3 .0% .0% .0%	1 .1 9.1% 100% 1.3%	5 2.3 45.5% 31.3% 6.5%	5 8.3 45.5% 8.6% 6.5%	11 14.3%
3	0 .6 .0% .0% .0%	0 .3 .0% .0% .0%	9 5.2 36.0% 56.3% 11.7%	16 18.8 64.0% 27.6% 20.8%	25 32.5%
4	1 1.0 2.6% 50.0% 1.3%	0 .5 .0% .0% .0%	1 8.1 2.6% 6.3% 1.3%	37 29.4 94.9% 63.8% 48.1%	39 50.6%
Column Total	2 2.6%	1 1.3%	16 20.8%	58 75.3%	77 100%

Positive Relationship:

Of 83.1% of respondents who stated they were satisfied with the therapeutic relationship, 98.4% also said they were satisfied with the respect shown by their therapist.

Of 16.9% of respondents who reported dissatisfaction with the therapeutic relationship, 15.4% also said they were dissatisfied with the respect shown by their therapist.

Satisfaction with the Therapeutic Relationship by Satisfaction with Therapist Help with Problems:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	PROBLEMS 1	2	3	4	Row Total
SATTHER					
1	2 .2 100% 28.6% 2.6%	0 .3 .0% .0% .0%	0 1.1 .0% .0% .0%	0 .4 .0% .0% .0%	2 2.6%
2	3 1.0 27.3% 42.9% 3.9%	6 1.7% 54.5% 50.0% 7.9%	2 6.1 18.2% 4.8% 2.6%	0 2.2 .0% .0% .0%	11 14.5%
3	1 2.2 4.2% 14.3% 1.3%	4 3.8 16.7% 33.3% 5.3%	16 13.3% 66.7% 38.1% 21.1%	3 4.7 12.5% 20.0% 3.9%	24 31.6%
	1 3.6 2.6% 14.3% 1.3%	2 6.2 5.1% 16.7% 2.6%	24 21.6 61.5% 57.1% 31.6%	12 7.7 30.8% 80.0% 15.8%	39 51.3%
Column Total	7 9.2%	12 15.8%	42 55.3%	15 19.7%	76 100%

Positive Relationship:

Of 82.9% of respondents who said they were satisfied with the therapeutic relationship, 87.3% also said they were satisfied with their therapist's help in dealing with their most important problems.

Of 17.1 % of respondents who said they were dissatisfied with the therapeutic relationship, 84.6% also said they were dissatisfied with their therapist's help in dealing with their most important problems.

Satisfaction with the Therapeutic Relationship by Satisfaction with Therapist Permission to Talk:

Count / Exp Val / Row Pct / Col Pct / Tot Pct	TALK 1	2	3	4	Row Total
SATTHER					
1	0 .1 .0% .0% .0%	1 .2 50.0% 12.5% 1.3%	1 .8 50.0% 3.4% 1.3%	0 1.0 .0% .0% .0%	2 2.6%
2	0 .3 .0% .0% .0%	5 1.1 45.5% 62.5% 6.5%	6 4.1 54.5% 20.7% 7.8%	0 5.4% .0% .0% .0%	11 14.3%
3	0 .6 .0% .0% .0%	2 2.6 8.0% 25.0% 2.6%	16 9.4 64.0% 55.2% 20.8%	7 12.3% 28.0% 18.4% 9.1%	25 32.5%
4	2 1.0 5.1% 100% 2.6%	0 4.1 .0% .0% .0%	6 14.7% 15.4% 20.7% 7.8%	31 19.2 79.5% 81.6% 40.3%	39 50.6%
Column Total	2 2.6%	8 10.4%	29 37.7%	38 49.4%	77 100%

Positive Relationship:

Of 83.1% of respondents who stated they were satisfied with the therapeutic relationship, 93.8% also said they were satisfied with the degree their therapist allowed them to talk about everything of importance.

Of 16.9% of respondents who said they were dissatisfied with the therapeutic relationship, 46.2% also said they were dissatisfied with the degree their therapist allowed them to talk about things of importance.